

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Julia Boardley

Town
Churchton

County
A. R.

CERTIFICATE OF DEATH

MARYLAND

Died at Churchton
Date of death 1905 Month Sept Day 14 Age 30 Years 30 Months — Days —

Sex Female

Color or Race

Colored

Birth-place

A. G. C. Ind

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Husband

John Boardley

Father's Name

Henry Dyer

Father's Birthplace

Ind

Mother's Maiden Name

Unknown

Mother's Birthplace

—

Name of person giving
Information

John Boardley

How related
to deceased

Husband

CAUSES OF DEATH

Primary

Periperal Oclampsia

How long

2 days

Immediate

Post partum Hemorrhage

How long

—

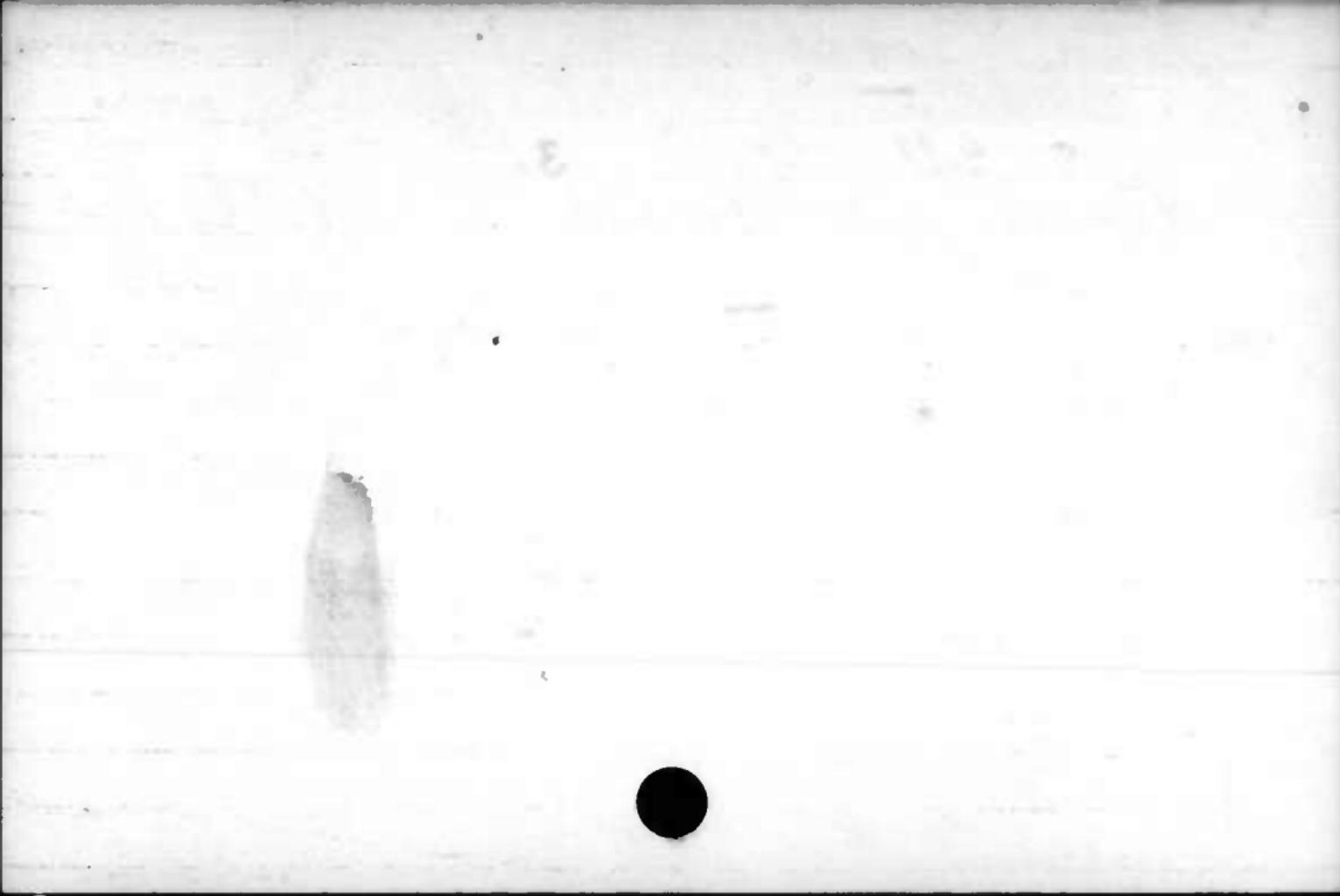
Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Geo. T. Smith
Churchton

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Name in Full		Town		County		MARYLAND	
Died at <u>West Annapolis</u>		<u>Anne Arundel</u>					
Date of death	1906	Month Sept	Day 6	Age	Years	Months	Days
Sex	<u>Male</u>	Color or Race	<u>Colored</u>		Birth- place	<u>West Annapolis</u>	
Occupation			Where Residing if not at place of death		<u>West Annapolis</u>		
Married, Single or Widowed			Name of Wife or Husband				
Father's Name	<u>J.W. Brown</u>				Father's Birthplace	<u>Ades.</u>	
Mother's Maiden Name	<u>Rose Jacobs</u>				Mother's Birthplace	<u>Ades.</u>	
Name of person giving Information	<u>J.W. Brown</u>				How related to deceased	<u>Father</u>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Intermediate

Are the name, age, sex, color, date
and place correctly given above?

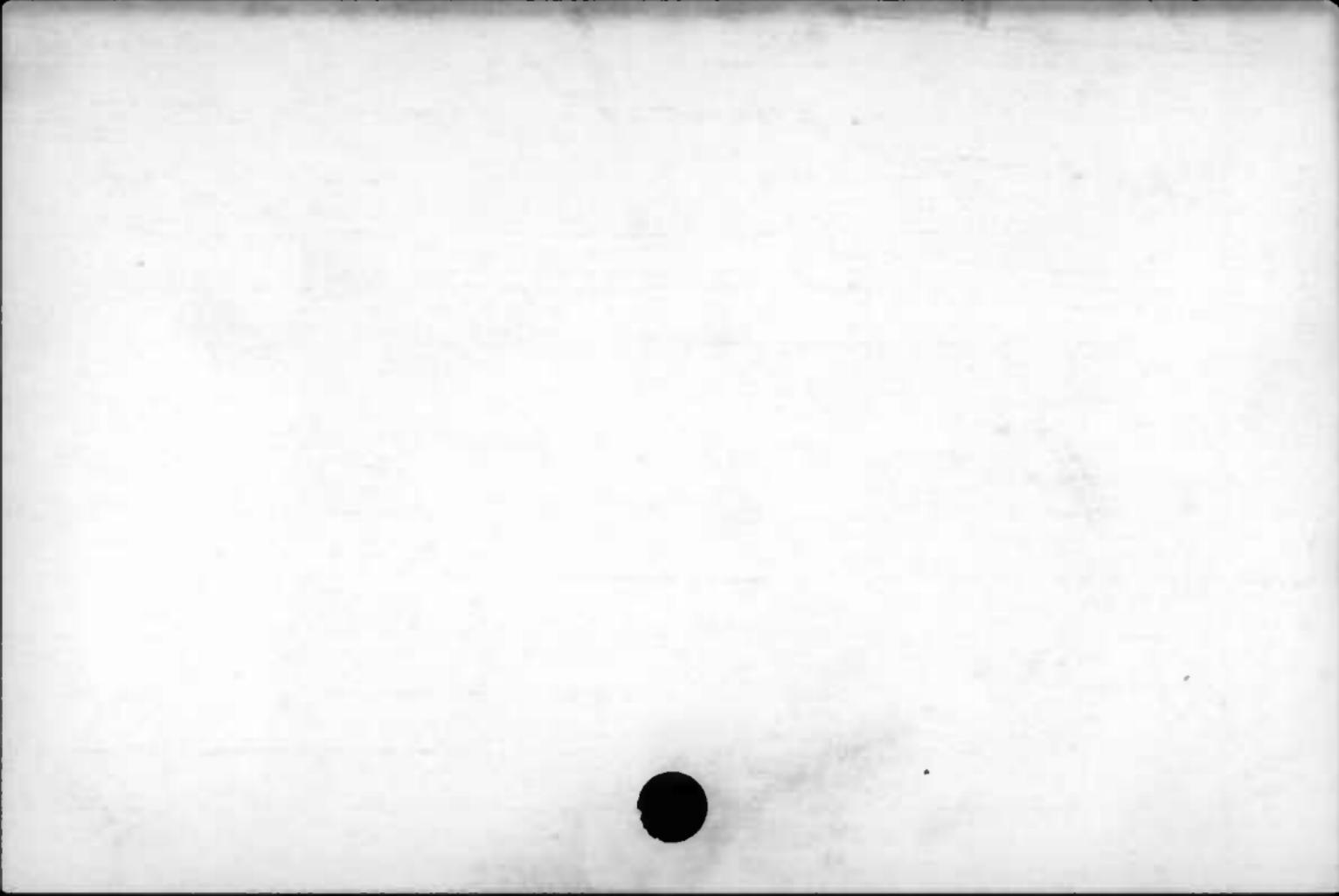
Accident or Suicide?

How long

How long

Address

Signature of
Physician



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Franklin

Town

Buchanan

County

CERTIFICATE OF DEATH

MARYLAND

Died at Annapolis Md		Buchanan Co.			
Date of death 1905	Month Sept	Day 11	Years 5-9	Months	Days
Sex male	Color or Race Colored	Birth-place Annapolis Md			
Occupation Cook	Where Residing if not at place of death 24 Washington St				
Married, Single or Widowed married	Name of Wife or Husband Eliza Buchanan				
Father's Name James Buchanan	Father's Birthplace Annapolis Md				
Mother's Maiden Name Caroline Parker	Mother's Birthplace Annapolis Md				
Name of person giving information Eliza Buchanan	How related to deceased Wife				

CAUSES OF DEATH

Primary

Chronic catarrhal

How long

2 1/2 Months

Immediate

Gastritis & other

How long

Are the name, age, sex, color, date and place correctly given above?

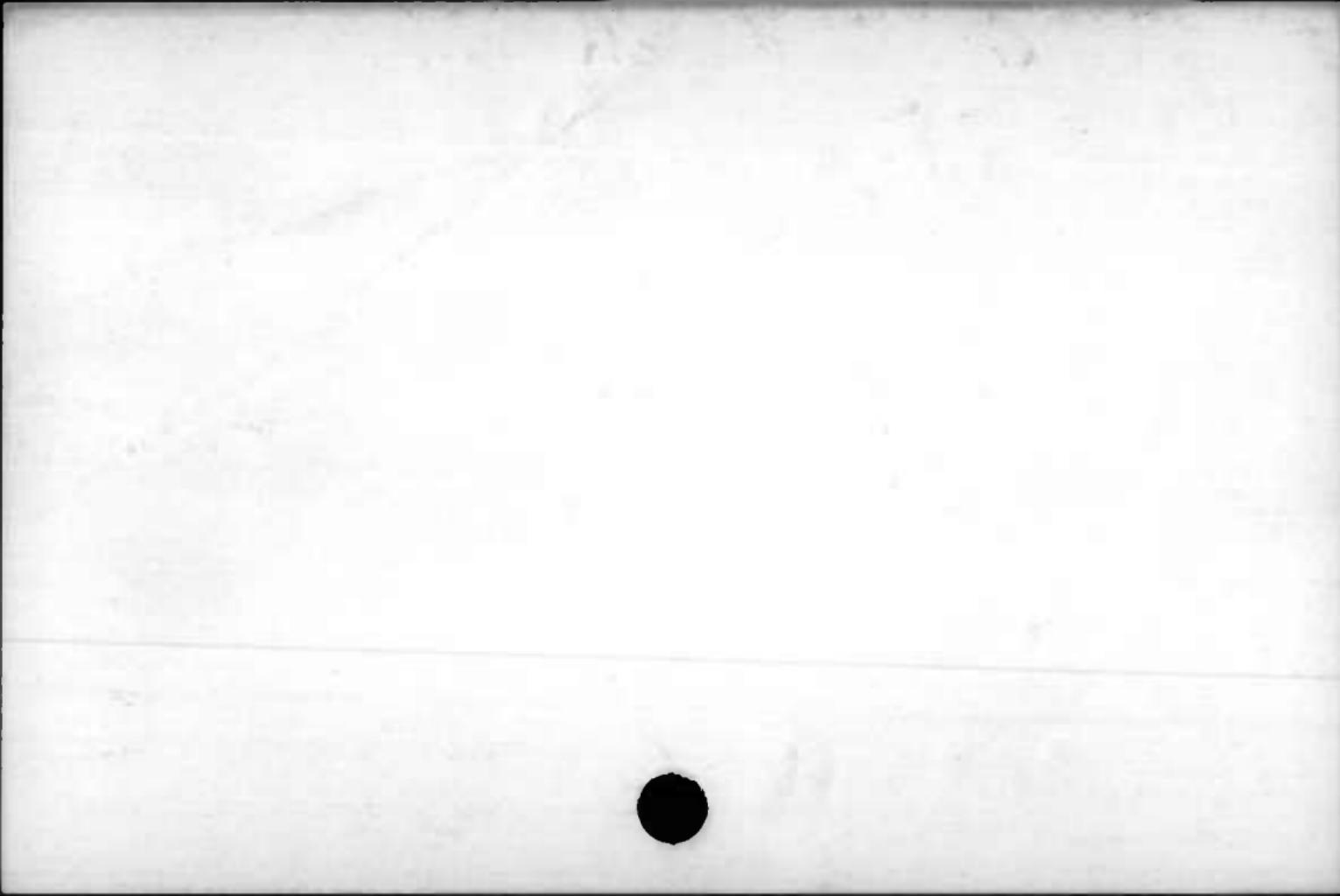
Signature of Physician

yes

Address

John Ridout M.D.
Annapolis Md

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Ruby Burre

CERTIFICATE OF DEATH

MARYLAND

Died at	Town	County	
Date of death	Month	Day	Years
Sex	Color or Race	Age	Months Days
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	+ + + + +	
Father's Name	Alex Burre		
Mother's Maiden Name	Levy Turner		
Name of person giving information	Estate Burre		

CAUSES OF DEATH

Primary Tuber calsis. Don't know Sam
him twice. I think he was much about 3. m
Immediate

How long

How long

Are the name, age, sex, color, date and place correctly given above?

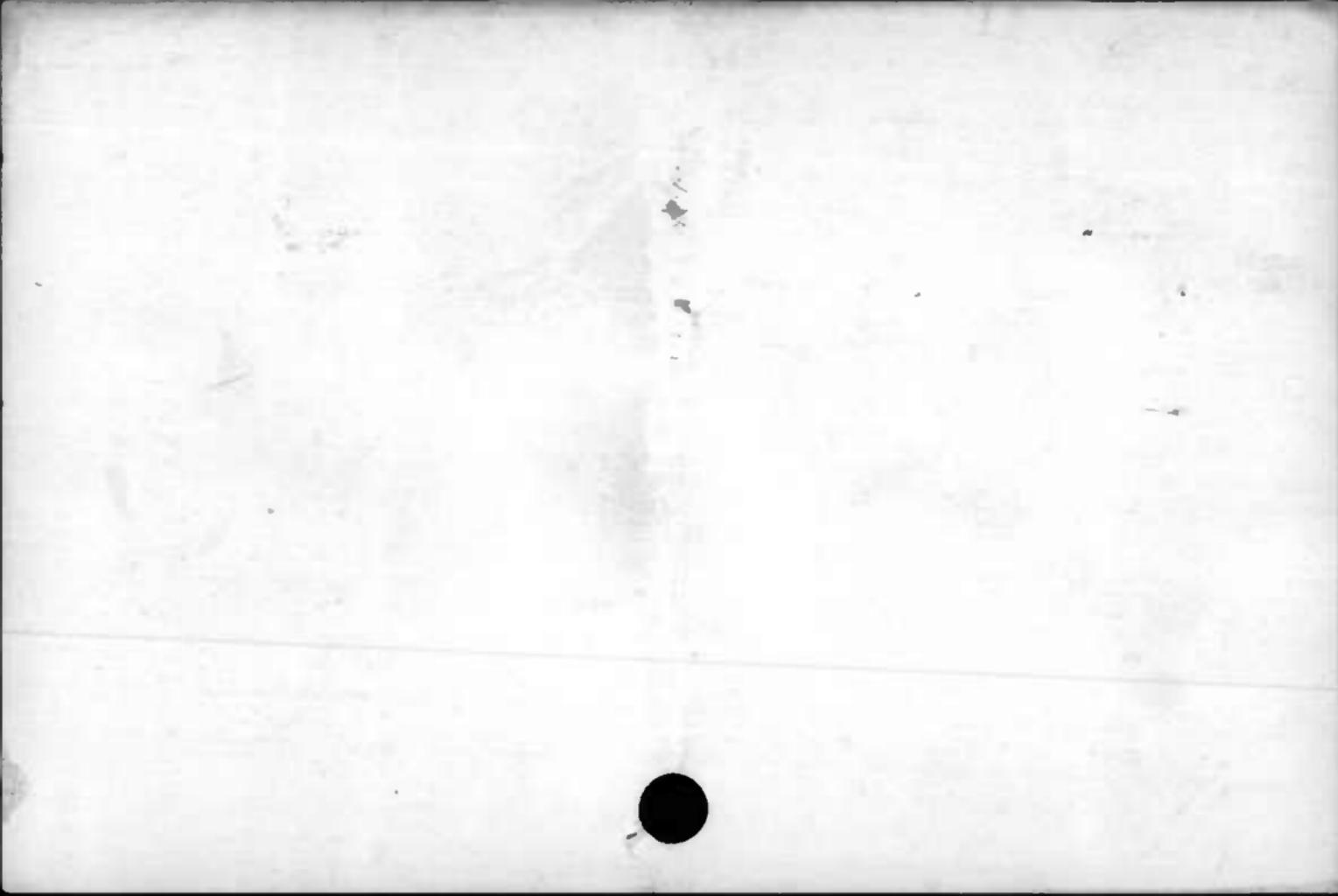
yes

Signature of Physician

Address

J. A. Bragdon
Ruby Burre MD

Accident or Suicide?



Name
in
Full

Coleman (Twin #1) Stillborn 9/25

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town Annapolis		County Anne Arundel Co	MARYLAND		
Date of death	1905	Month Sept	Day 25	Age	Stillborn	Months Days
Sex	male	Color or Race Coloured	Birth-place 35 Monument Street			
Occupation	X		Where Residing if not at place of death	''	''	''
Married, Single or Widowed	Stillborn	Name of Wife or Husband X	X			
Father's Name	Henry Coleman		X			
Mother's Maiden Name	Elizabeth Howard		X			
Name of person giving information	Martha Price		X			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Stillborn

How long

X

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Accident or Suicide?

Name

in
Full

F.M. 6

TO BE ANSWERED BY
NEAREST FRIEND

Coleman & Still born Twins 1927 CERTIFICATE OF DEATH

Died at	Town	Twint	County	MARYLAND		
Amesfield	Amesfield	Amesfield	Amesfield	Amesfield	Amesfield	Amesfield
Date of death	Month	Day	Years	Months	Days	
1905 Sept	25					
Sex	Color or Race	Colonel				35 Monroe St.
Female						
Occupation	Where Residing if not at place of death					" " "
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	Helen Coleman					West River
Mother's Maiden Name	Editha Brown					West River
Name of person giving information	Randall Price					Midwife

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Still born

How long

Immediate

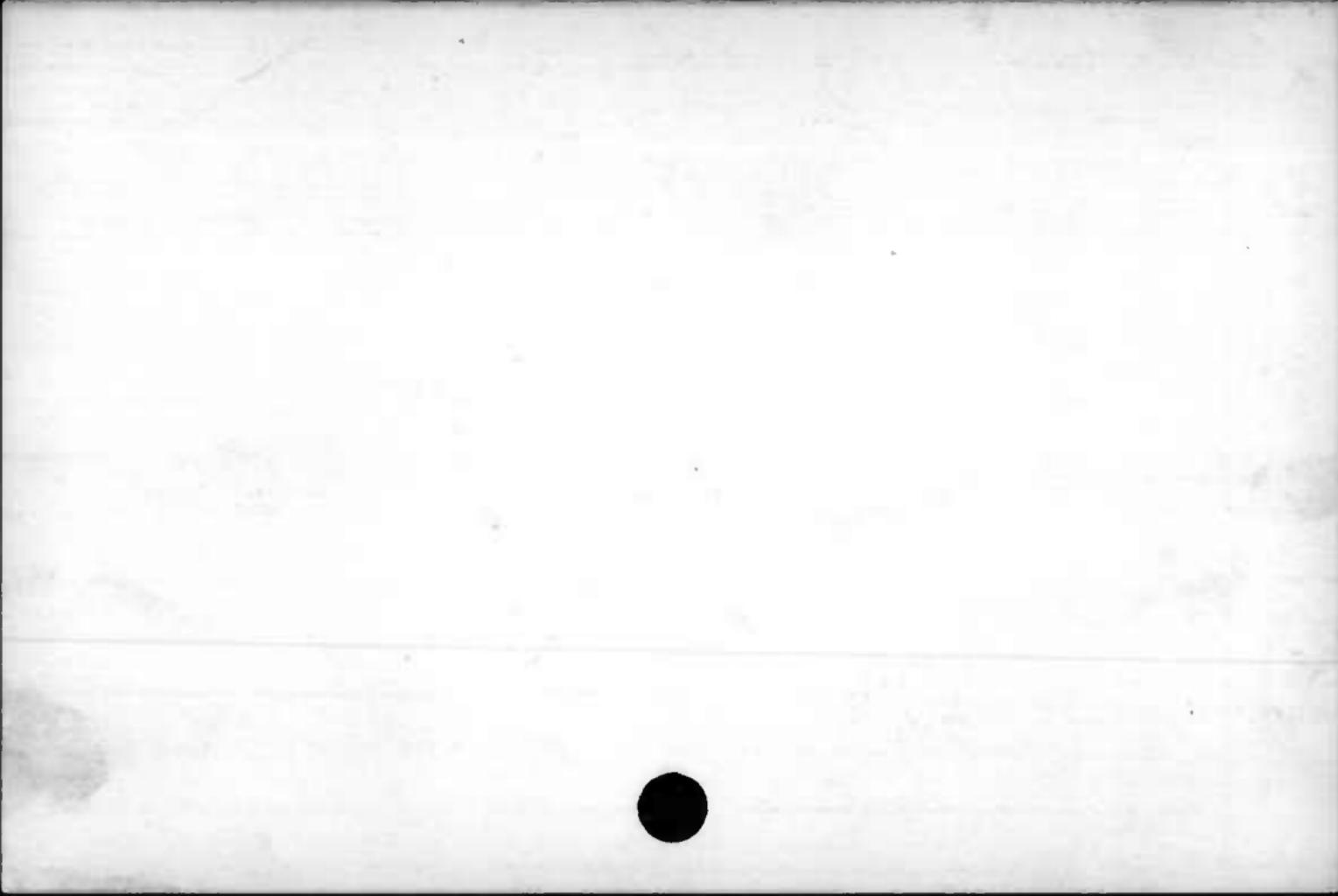
How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

<h1>John Jr. Crowder</h1>				CERTIFICATE OF DEATH			
Died at		Town	County	A.R.		MARYLAND	
Date of death	1905	Month Sept	Day 29	Age 69	Years	Months	Days
Sex	Male	Color or Race	Colored	Birthplace		A.R. Co Md	
Occupation	Farmer			Where Residing if not at place of death			
Married, Single or Widowed	Married	Name of Wife or Husband	Bellie Francis			Father's Birthplace	
Father's Name	Unknown			Md			Mother's Birthplace
Mother's Maiden Name	Dorcas Crowder			Birmingham			How related to deceased
Name of person giving Information	Josh. M. Dennis						

CAUSES OF DEATH

Primary

Bright's Disease

How long

10 mos

Immediate

Pulmonary Oedema

How long

4 days

Are the name, age, sex, color, date and place correctly given above?

Yes

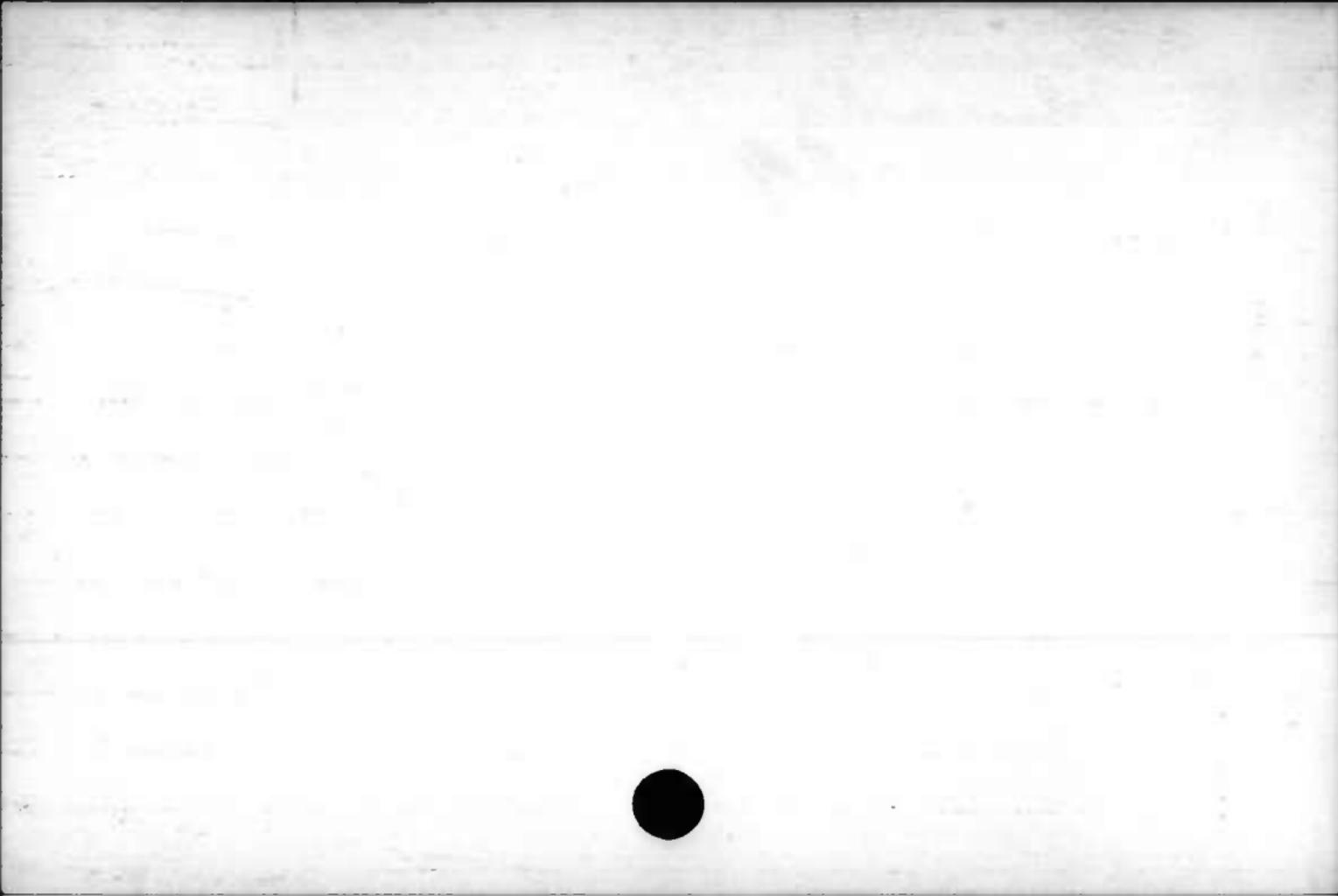
Signature of Physician

Geo T. Smith

Address

Baltimore

Accident or Suicide?



Name
in
Full

Elizabeth Zager

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Hagerstown	County Anne Arundel	MARYLAND		
Date of death 1905	Month 9	Day 27	Age 78	Years 7	Months 7	Days 7
Sex Female	Color or Race White	Birth- place Germany				
Married, Single or Widowed <input checked="" type="checkbox"/>	Occupation					
Name of Wife or Husband <input checked="" type="checkbox"/>						
Father's Name <input checked="" type="checkbox"/>	Father's Birthplace					
Mother's Maiden Name <input checked="" type="checkbox"/>	Mother's Birthplace					
Name of person giving Information Mrs Zager	How related to deceased son					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Old age	How long 1 week
Immediate General debility	How long <input checked="" type="checkbox"/>
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician Harrison Tongue Address Elkridge Md
Accident or Suicide?	

John & Brown
#939 Sharp st
Sugar & Dubay

Name
in
Full

Francis C. Duckett

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Annapolis	Anne Arundel			
Date of death	1903	Month Sept	Day 24	Years	Months
Sex	Female	Color or Race	Colored	Age	Days
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Francis Duckett				
Mother's Maiden Name	Alicia Jones				
Name of person giving information	Mother				
Father's Birthplace	Aales.				
Mother's Birthplace	Boston				
How related to deceased	Mother				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Marasmus
Exhaustion

How long

Months

Immediate

Exhaustion

How long

Gradual

Are the name, age, sex, color, date and place correctly given above?

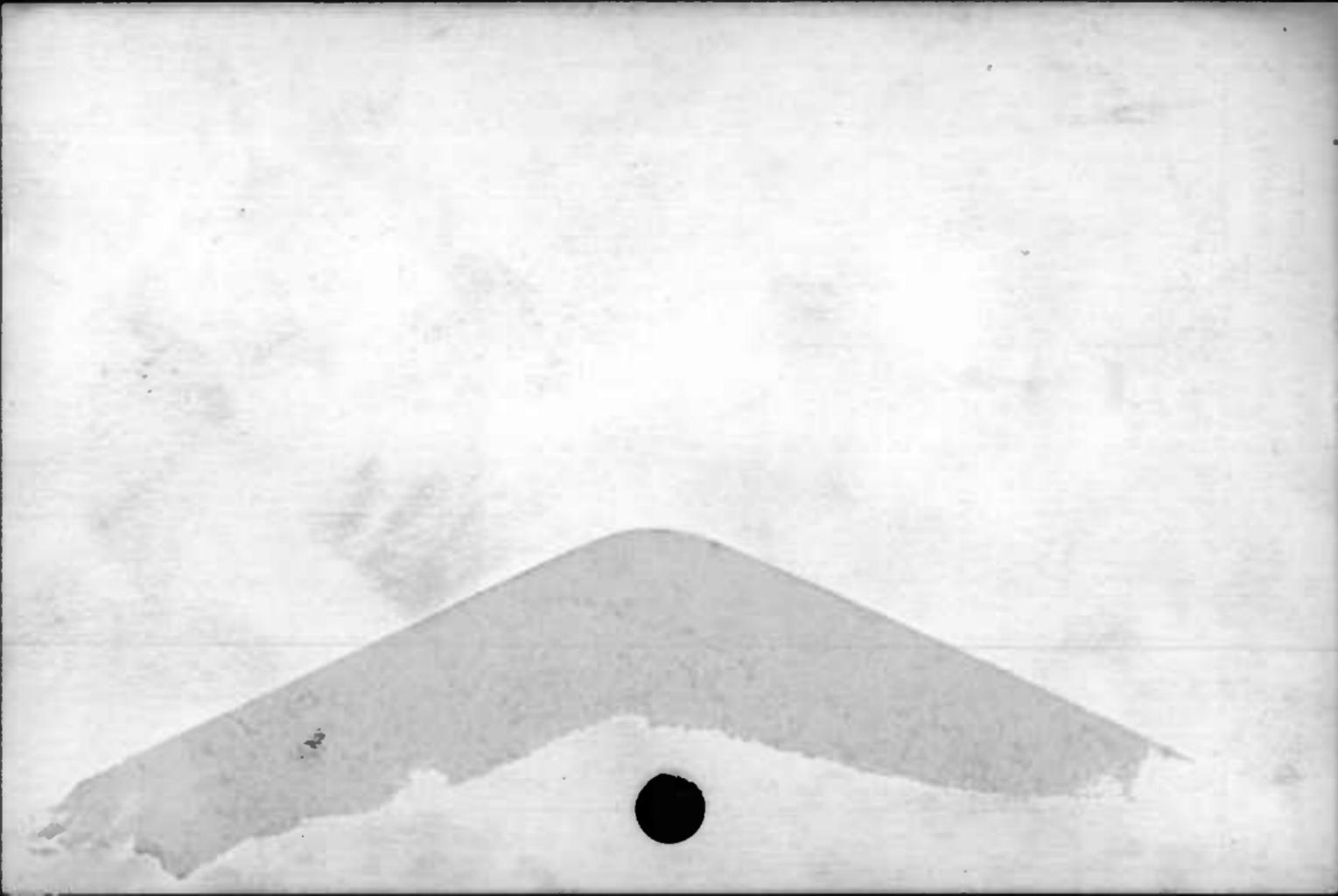
Signature of Physician

Yes

Address

John Ridout, M.D.
Annapolis
Md

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

Edward Hall

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Date of death	1905	Month Sept.	Day 12	Years 11	Months	Days
Sex	Male	Color or Race	Colards		Birth-place	Anne Arundel
Occupation	None		Where Residing if not at place of death			
Married, Single or Widowed	Single		Name of Wife or Husband			
Father's Name	Samuel Hall				Father's Birthplace	Prince George Co. Md.
Mother's Maiden Name	Annie Hunt.				Mother's Birthplace	3rd Dist. A.A. Co.
Name of person giving Information	Samuel Hall				How related to deceased	Father.

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Typhoid Fever

How long

3 weeks

Immediate

Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

Yes.

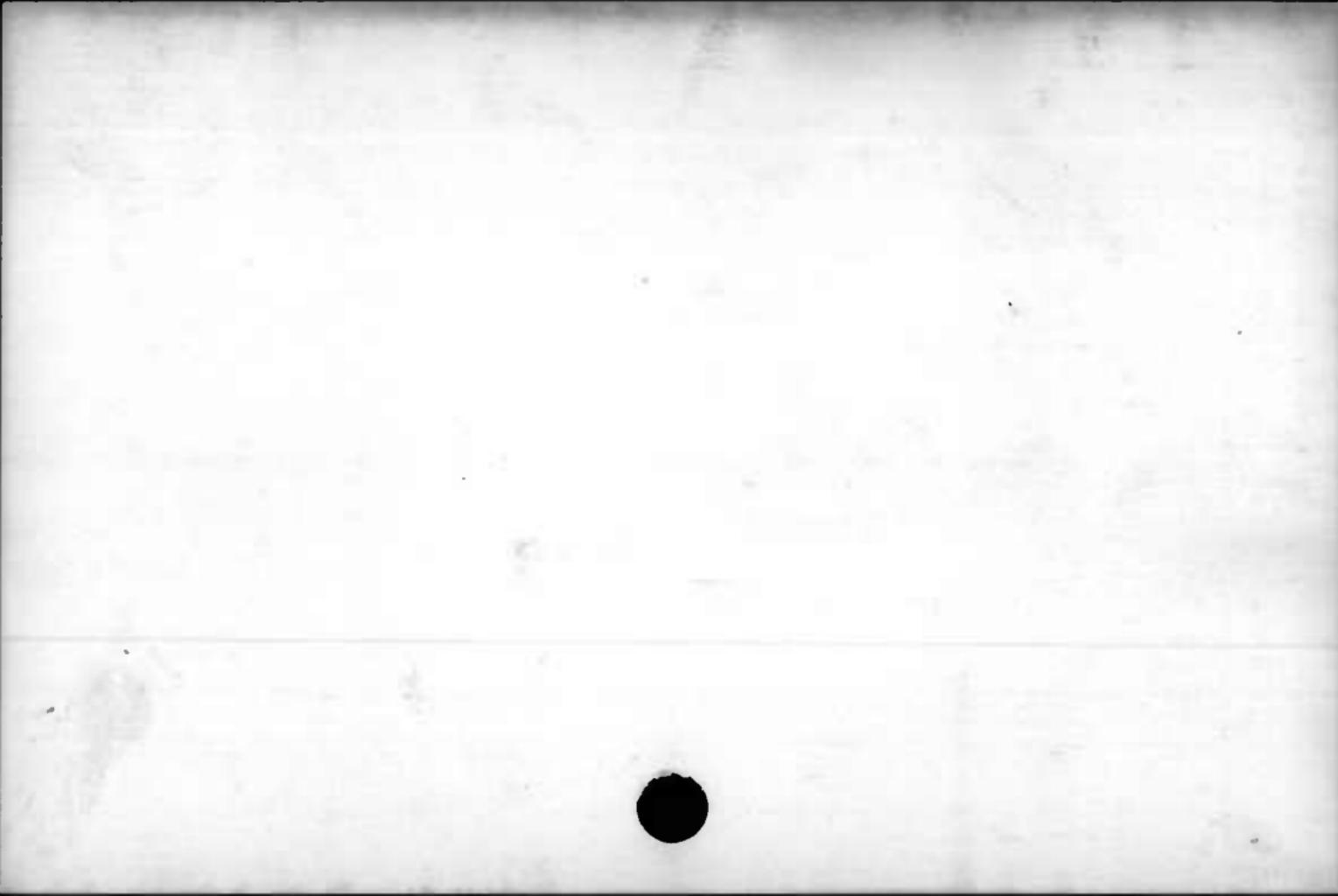
Signature of Physician

J. D. Ridout M.D.

Address

St. Margaret's
Md.

Accident or Suicide?



Name
in
Full

Erin P. Harris

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Town		County		MARYLAND	
Died at Annapolis and 40 years		4 months		3 days	
Date of death 1900	Month Sept	Day 4	Age	Months	Days
Sex female	Color or Race Colored	Birth place Acton Lane			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed single	Name of Wife or Husband				
Father's Name Thomas E. Harris	Father's Birthplace Annapolis				
Mother's Maiden Name Maybelle Simons	Mother's Birthplace Annapolis and Falthed				
Name of person giving Information Thomas E. Harris	How related to deceased				

CAUSES OF DEATH

Primary

Gastric - Enteritis

How long

our week.

Immediate

Exhaustion.

How long

3 days.

Are the name, age, sex, color, date and place correctly given above?

Yes.

Signature of Physician

Address

L.B. Henkel Jr.
Annapolis
Md

Accident or Suicide?

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

Paul Harris				CERTIFICATE OF DEATH		
Town		County		MARYLAND		
Died at annapolis md		a.w.c.				
Date of death	Month	Day	Years	Months	Days	
1905	Sept	6	Age	10		
Sex	male	Color or Race	colored	Birth-place	Beth Gate	
Occupation				Where Residing if not at place of death	Beside gate	
Married, Single or Widowed	single	Name of Wife or Husband				
Father's Name	John H. Harris			Father's Birthplace	Beth gate	
Mother's Maiden Name	Mary E. Brown			Mother's Birthplace	Beth gate	
Name of person giving information	John H. Harris			How related to deceased	father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Insaneness

How long

Months

Immediate

Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

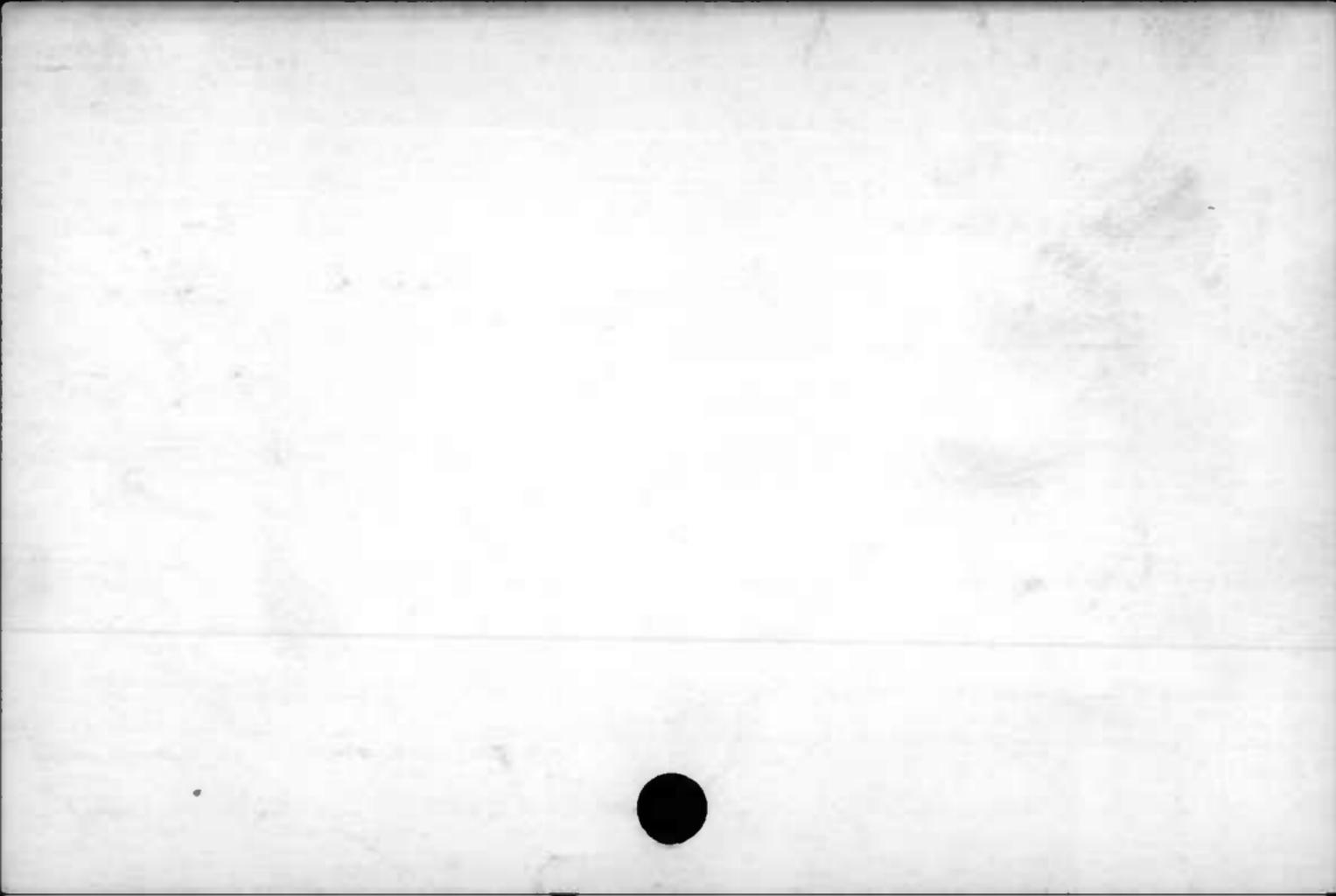
Signature of Physician

yes

Address

John Ridout 65
Annapolis

Accident or Suicide?



Name
in
Full

John T. Garrison

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Annapolis		Town Anne Arundel		County MARYLAND	
Date of death	1905	Month Sept	Day 20	Years 18	Months —
Sex	Male	Color or Race	White	Birth-place	Pearl County
Occupation	Farmer	Where Residing if not at place of death			Arnold's Apts.
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	Hamton A. Garrison			Father's Birthplace	Pearl Co.
Mother's Maiden Name	Anne Grimes			Mother's Birthplace	" " "
Name of person giving information	Hamton A. Garrison			How related to deceased	Father.

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Typhoid fever

How long

3 weeks

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

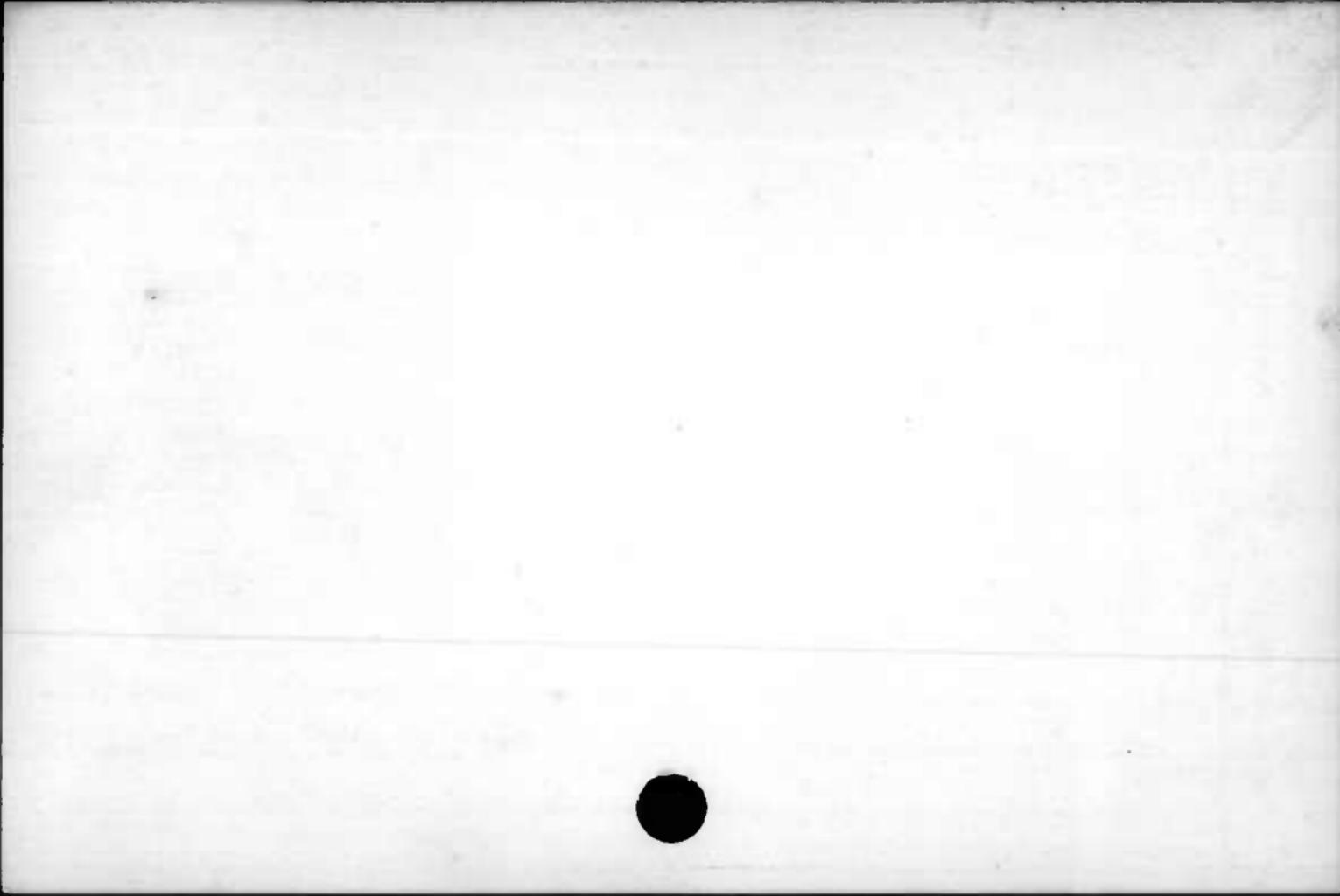
Signature of Physician

Ged. Wells

Address

Annapolis

Accident or Suicide?



Name
in
Full

Killie Hobday.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	Anne Arundel	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days	
Sex	Female	Color or Race	Col.	Birth-place	Anne Arundel	
Occupation	Londieh					Where Residing if not at place of death
Married, Single or Widowed	Single	Name of Wife or Husband				
Father's Name	John Hobday			Father's Birthplace	Anne Arundel	
Mother's Maiden Name	Eliza Smith			Mother's Birthplace	" "	
Name of person giving information	Mary. Smith			How related to deceased	Aunt	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Chronic Paroxysmal Bright

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

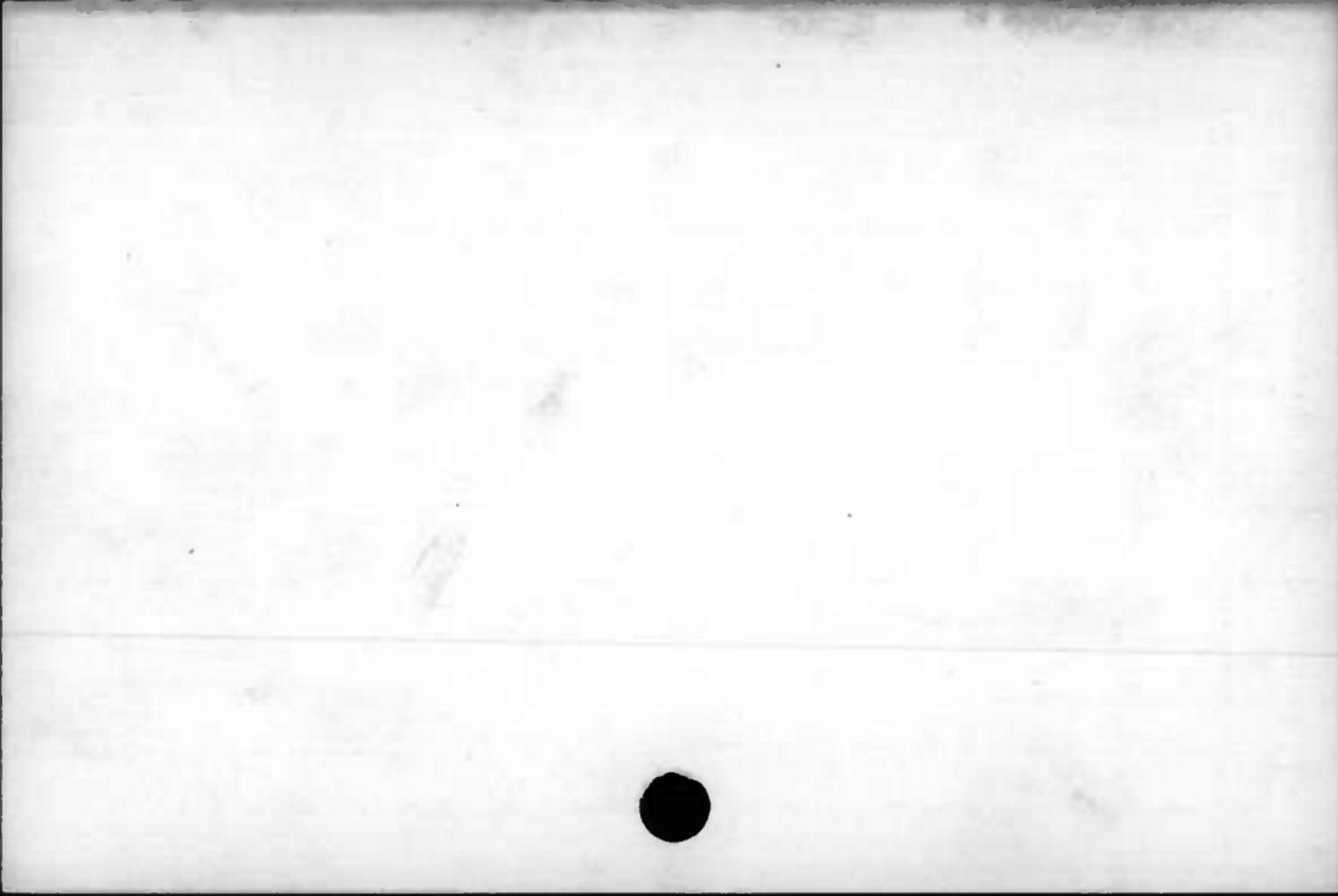
Signature of Physician

Address

Oliver Purvis
Anne Arundel
Md

Accident or Suicide?

no



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

Suzilia Holland

CERTIFICATE OF DEATH

MARYLAND

Died at Churchton

County

Date
of death

1905 Sept

Day

Years

Months

25

Age

Sex

Male

Color or
Race

Colored

Birth-
place

Months

25

Churchton Md

Occupation

None

Where Residing if not
at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

—

Father's
Name

Chas Holland

Father's
Birthplace

A.A. Co Md

Mother's
Maiden Name

Ella Brown

Mother's
Birthplace

A.A. Co, Md

Name of person giving
Information

Ges Brown

How related
to deceased

Grandfather

CAUSES OF DEATH

Primary

Enteritis

How long

3 weeks

Immediate

Exhaustion

How long

—

PHYSICIAN
OR CORONER

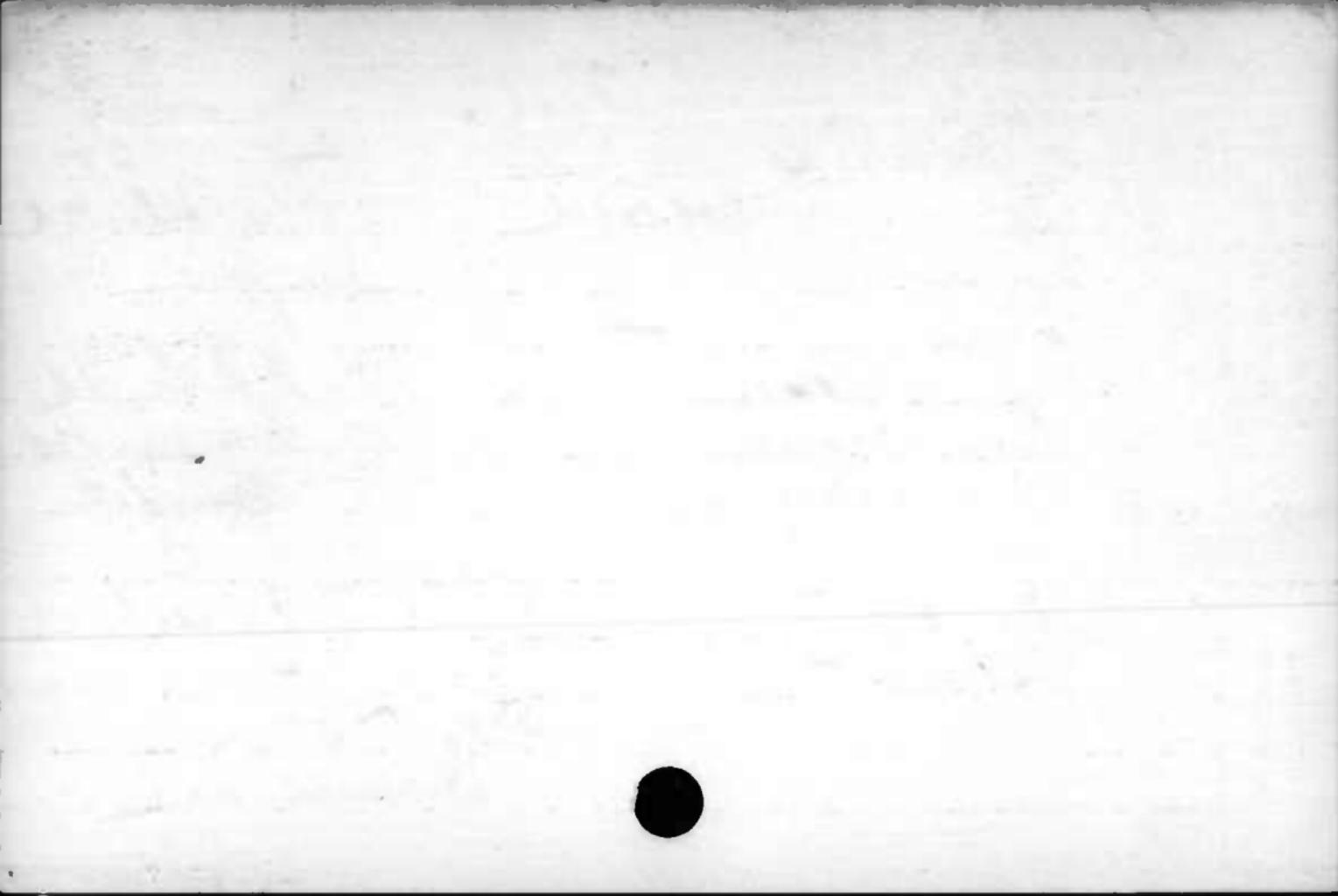
Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Ges T. Brink
Churchton, Md

Accident or Suicide?



Name
in
Full

Nathie Hours

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at Bristol		Town Anne Arundel		County MARYLAND	
Date of death 1905	Month Sept	Day 1st.	Years 17	Months 1	Days 11
Sex Female	Color or Race White	Birthplace A. A. Co. Md.			
Occupation Laundry	Where Residing if not at place of death Washington - D. C.				
Married, Single or Widowed Single	Name of Wife or Husband				
Father's Name Thomas W. Hours	Father's Birthplace A. A. Co. Md.				
Mother's Maiden Name Viney Mayhew	Mother's Birthplace A. A. Co. Md.				
Name of person giving information Thomas O'Neil	How related to deceased Cousin				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Tuberculosis.

How long

10 Months

Immediate

Asthma

How long

Several days

Are the name, age, sex, color, date and place correctly given above?

Yes

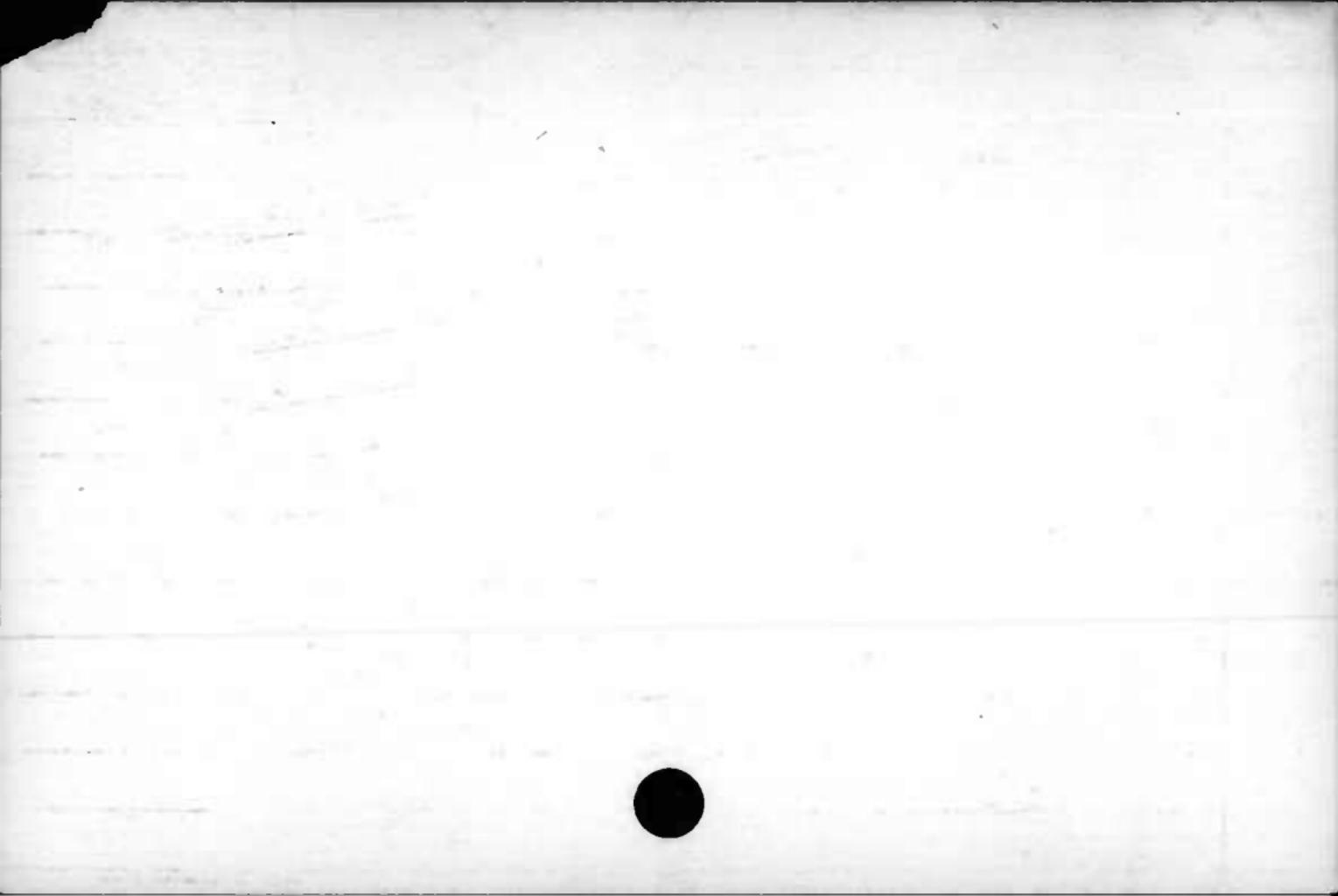
Signature of Physician

A. N. Perrie M.D.

Address

McKendree, Md.

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Isaac Ellen Jacobs

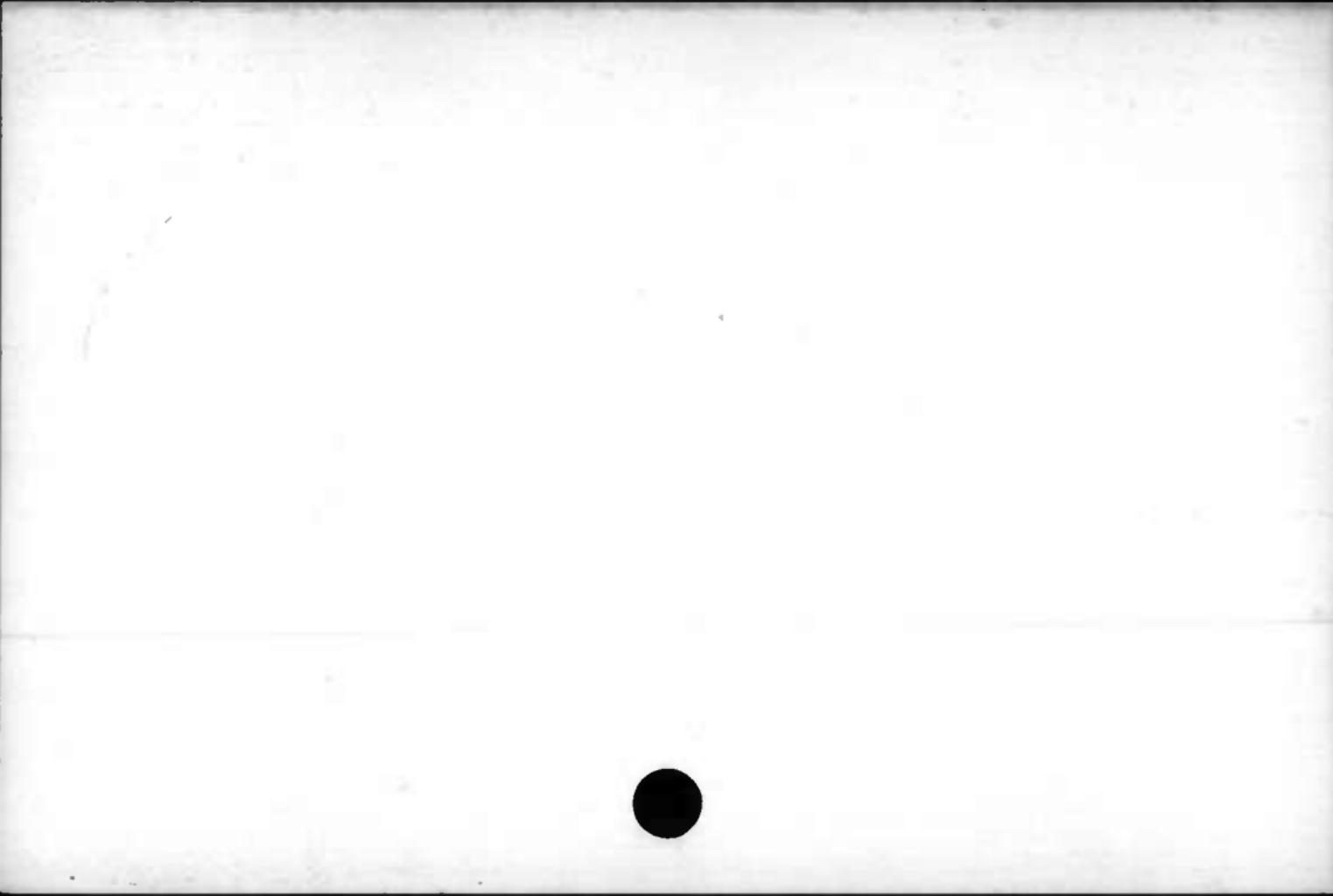
CERTIFICATE OF DEATH

Died at <u>Waterbury</u> Town		On <u>September</u> County		MARYLAND	
Date of death <u>1905</u>	Month <u>9</u>	Day <u>21</u>	Years <u>1</u>	Months <u>1</u>	Days <u>0</u>
Sex <u>Female</u>	Color or Race <u>African</u>	Where Residing if not at place of death <u>Waterbury</u>			
Occupation <u>Single</u>					
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u></u>	Father's Birthplace <u>Washington</u>			
Father's Name <u>Henry Jacobs</u>	Mother's Maiden Name <u>Engen Mackell</u>	Mother's Birthplace <u>Waterbury</u>			
Name of person giving information <u>Isaac Jacobs</u>	How related to deceased <u>Mother</u>				

CAUSES OF DEATH

Primary <u>General Pneumonia</u>	How long <u>2 months</u>
Immediate <u>Blood poisoning</u>	How long <u>2 weeks</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	
Signature of Physician <u>Dr. Boris W. Garnbills</u>	
Address <u>112 Main Street</u>	

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

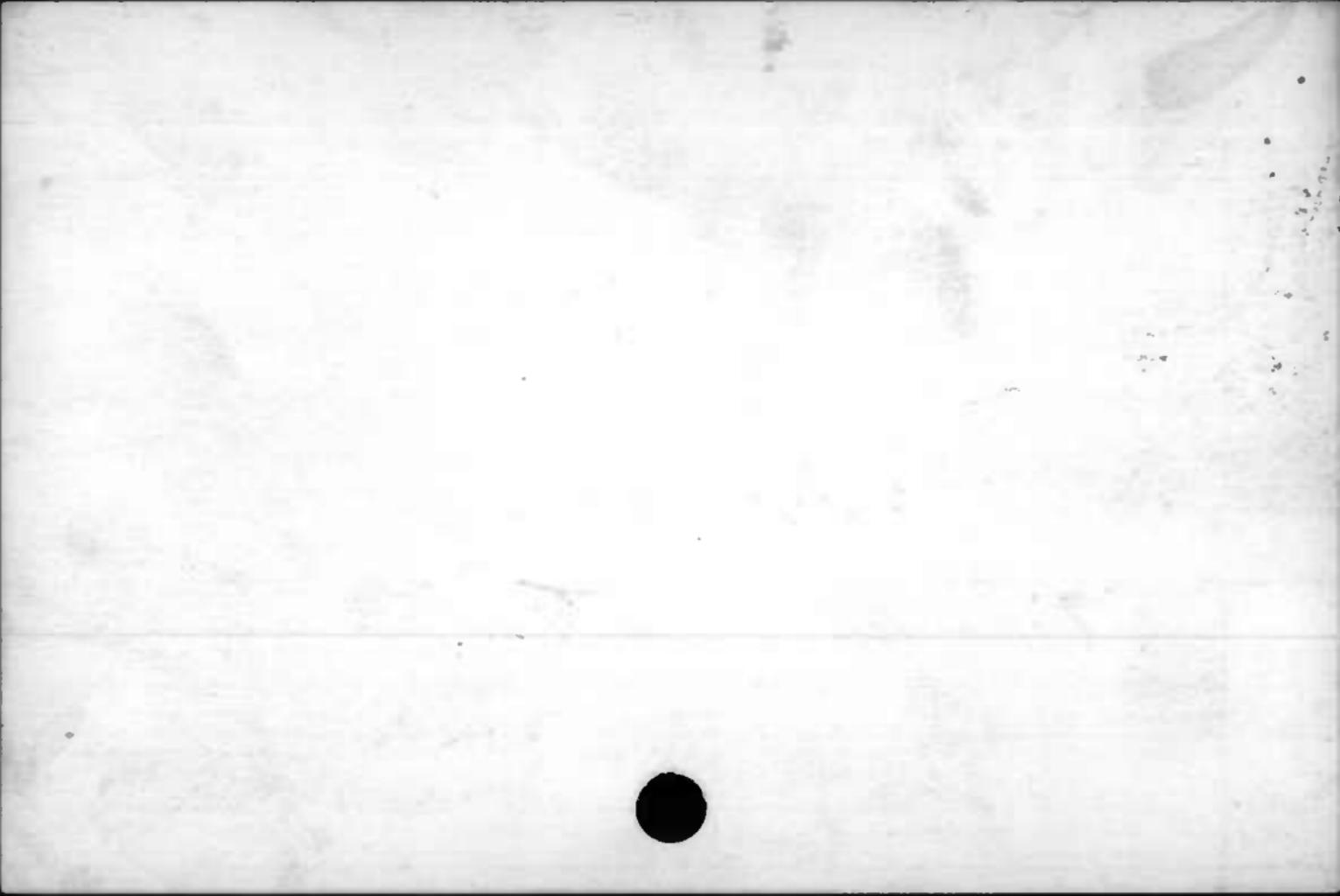
MARYLAND

Died at		Town	Jones		County		
Date of death		Month	Day	Years	Months	Days	
1905		Sept	17	—	—	—	
Sex	male	Color or Race	Colored	Birthplace	Annapolis Md		
Occupation	Where Residing if not at place of death					111 Bladon St	
Married, Single or Widowed	single		Name of Wife or Husband				
Father's Name	Edward Jones						
Mother's Maiden Name	Mary Colbert						
Name of person giving information	Mary Jones						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Trismus Nascentium		How long
Immediate			Three days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	How long
Yes		John Ridout M.D.	
Address		Annapolis Md	
Accident or Suicide?			



Name
in
Full

William Lyons

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
1906	Sept	25	Age 72			
Sex	male	Color or Race	white	Birth-place	Calvert Co.	
Occupation	Farming					Where Residing if not at place of death
Married, Single or Widowed	Married		Name of Wife or Husband	Rebecca Lyons		
Father's Name	John Lyons			Father's Birthplace		
Mother's Maiden Name	—			Mother's Birthplace		
Name of person giving information	Winfield Lyons			How related to deceased	Son	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Nephritis		How long	Several years
Immediate	Synesthesia & Coma		How long	One week
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	MacLean Cawood	
Yes		Address	West River Md.	
Accident or Suicide?				



H. E. Brayer

Died at Rock Creek 3rd & 1st Anacostia County MARYLAND

Died at	Month	Day	Y.	M.	D.	Native of	Occupation
<u>1905. Sep. 13</u>			<u>26</u>			<u>North Carolina U.S. Soldier</u>	
Male	White	<u>Married</u>	<u>Widow</u>	<u>Divorced</u>			
<u>Single</u>	<u>Widow</u>					<u>Number of children living</u>	

Husband of

Wife

Father's Name W. Brayer

Mother's Name Laura

Cause of Death Primary accidental drowning 12 How long sick —

Death Immediate Accident, Suicide, Homicide

Reported by Edgar H. Muller of 103 Company U.S. Coast Artillery

Address Present Post Howard 620 E. Edison St. York Pa.
Belleville 8 Donlak Jr.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

William Henry Matthews

CERTIFICATE OF DEATH

MARYLAND

Died at		Town	County				
Date of death	1905	Month Sept	Day 16	Age 69	Years	Months	Days
Sex	Male	Color or Race	colored		Birth-place	A. G. Co. Md	
Occupation	Bystander		Where Residing if not at place of death				
Married, Single or Widowed.	Widower		Name of Wife or Husband				
Father's Name	John Matthews					Father's Birthplace	Md
Mother's Maiden Name	Mary Matthews					Mother's Birthplace	Md
Name of person giving Information	Harry Matthews					How related to deceased	Son

CAUSES OF DEATH

Primary

Paralysis
of heart

How long

9 mos

Immediate

16

How long

1

Are the name, age, sex, color, date and place correctly given above?

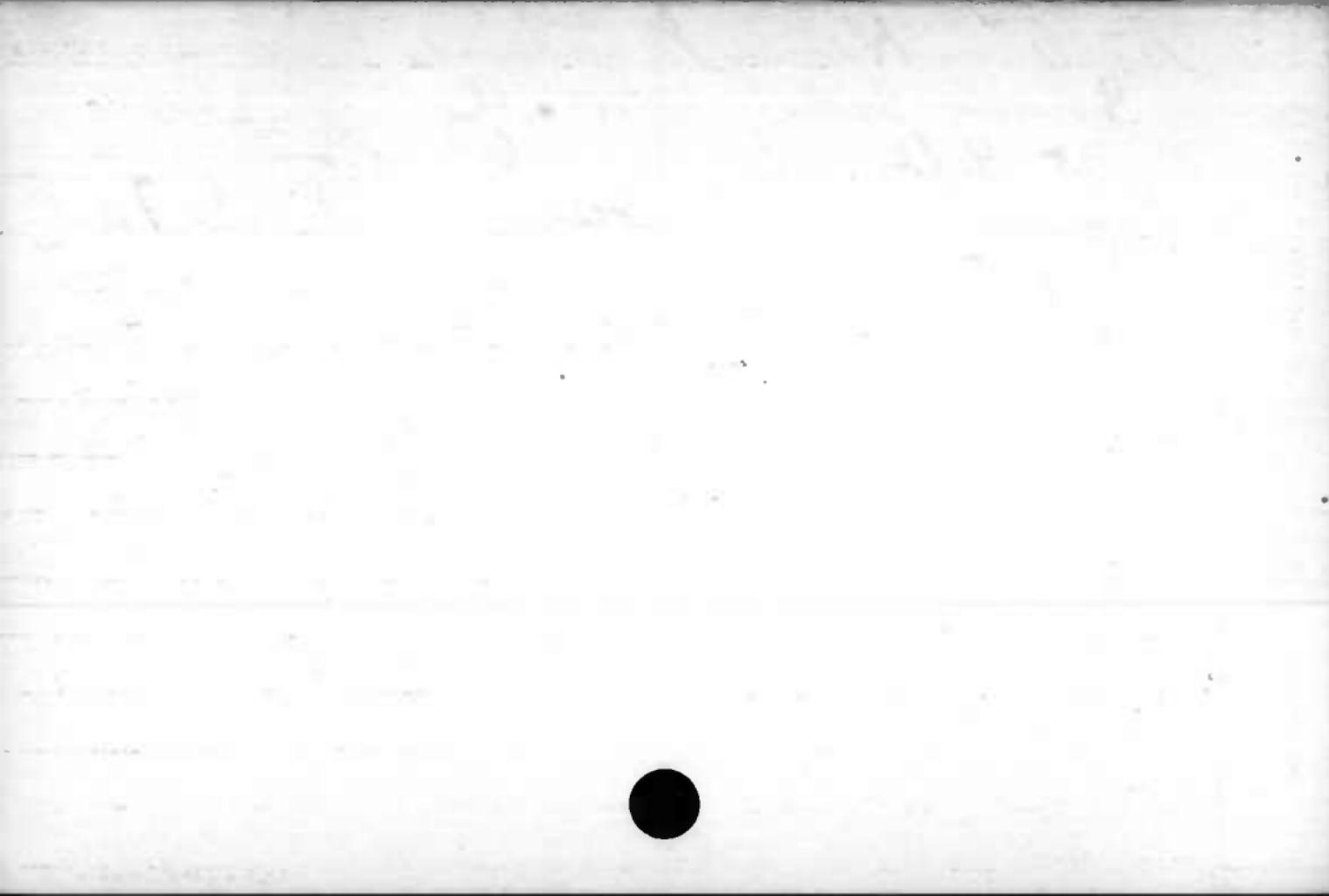
Yes

Signature of Physician

Address

Geo T. Frank
Baltimore

Accident or Suicide?



Virginia Bond Maupin

Town

Died at Jessup

County

Anne Arundel

CERTIFICATE OF DEATH

MARYLAND

Date of death 1905 Month September Day 18 Age 40 Years — Months — Days —

Sex Female Color or Race White

Birth-place Jessup Maryland

Occupation Stenographer Typewriter Where Residing if not at place of death

Married, Single or Widowed Widowed Name of Wife or Husband

Father's Name Frank A. Bond

Father's Birthplace Harford Co. Md.

Mother's Maiden Name Alexandria Webster

Mother's Birthplace "

Name of person giving information

P. B. Bond

How related to deceased Brother

CAUSES OF DEATH

Primary

Appendicitis

How long

3 months

Immediate

Sepsis + exhaustion

How long

4 or 5 months

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

P. D. Hammond
Jessup, Maryland

Accident or Suicide?

no

Name
in
Full

Leon West

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Annapolis Md</u>		County <u>A.A.C</u>		MARYLAND		
Date of death <u>1906 Sept</u>	Month <u>Sept</u>	Day <u>5</u>	Years <u>—</u>	Months <u>9</u>	Days <u>13</u>	
Sex <u>male</u>	Color or Race <u>Colored</u>	Where Residing if not at place of death <u>Annapolis Md</u>		Birth-place <u>Annapolis Md</u>		
Occupation <u>—</u>	Name of Wife or Husband <u>—</u>					
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>—</u>					
Father's Name <u>Edgar</u>	<u>West</u>		Father's Birthplace <u>Annapolis Md</u>			
Mother's Maiden Name <u>Rhoda</u>	<u>Boyd</u>		Mother's Birthplace <u>Annapolis Md</u>			
Name of person giving Information <u>Rosie</u>	<u>Boyd</u>		How related to deceased <u>mother</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Maniasm

How long

19 months

Immediate

Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

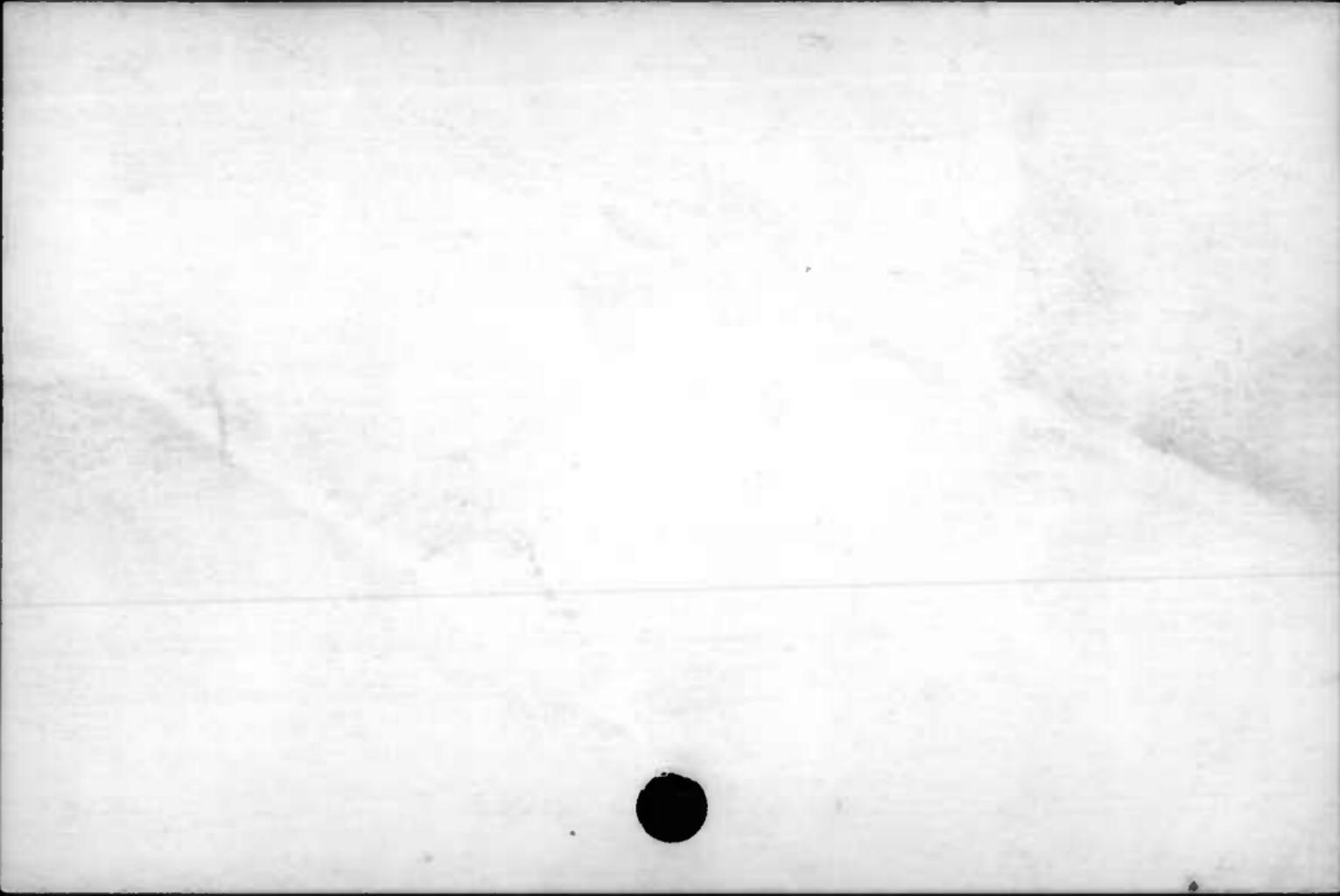
Signature of Physician

yes

Address

John Ridout 10
Annapolis

Accident or Suicide?



Name
in
Full

Francis Parker

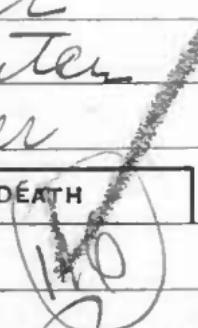
CERTIFICATE OF DEATH

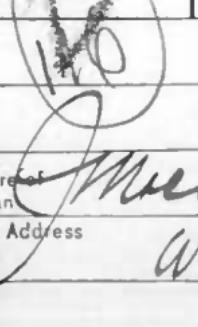
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Horace Parker			
Father's Name	Isaac Parker			Father's Birthplace	
Mother's Maiden Name	Katherine Carter			Mother's Birthplace	
Name of person giving information	Isaac Parker			How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Obst Birth*  How long

Immediate *Peritonitis*  How long

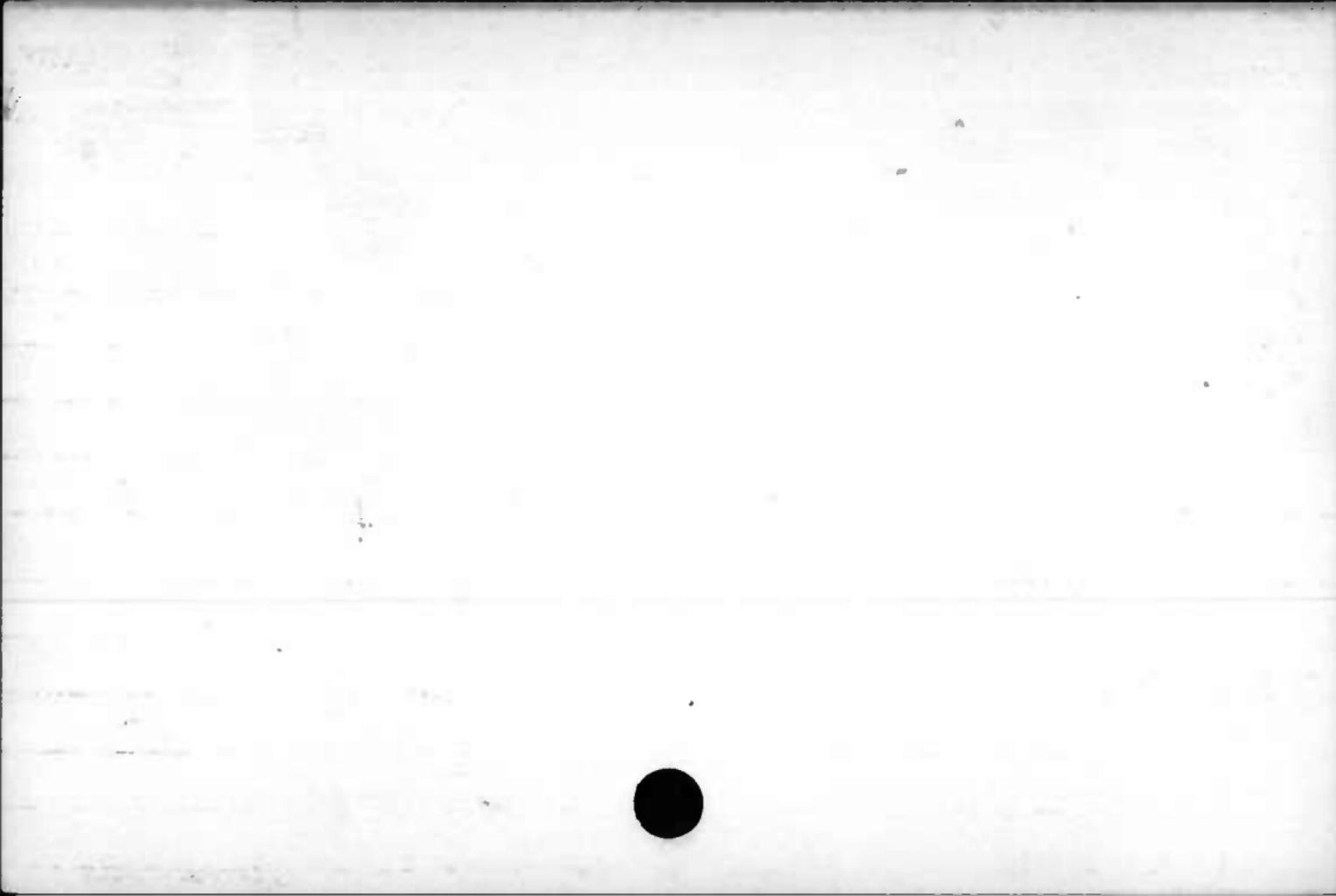
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Malvina Cawood M.D.
West River
Md

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Names Elmer Parkinson

CERTIFICATE OF DEATH

Died at <u>Annapolis</u>		Town	County <u>Anne Arundell</u>		MARYLAND	
Date of death <u>1905</u>	Month <u>Sept.</u>	Day <u>10</u>	Years <u>—</u>	Months <u>—</u>	Days <u>—</u>	
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Annapolis</u>				
Occupation <u>—</u>		Where Residing if not at place of death <u>—</u>				
Married, Single or Widowed <u>—</u>	Name of Wife or Husband <u>—</u>					
Father's Name <u>Elmer Parkinson</u>	Father's Birthplace <u>Annapolis</u>					
Mother's Maiden Name <u>Carroll</u>	Mother's Birthplace <u>Annapolis</u>					
Name of person giving information <u>Elmer Parkinson</u>	How related to deceased <u>Father</u>					

CAUSES OF DEATH

Primary

Still Born

S

How long

Immediate

How long

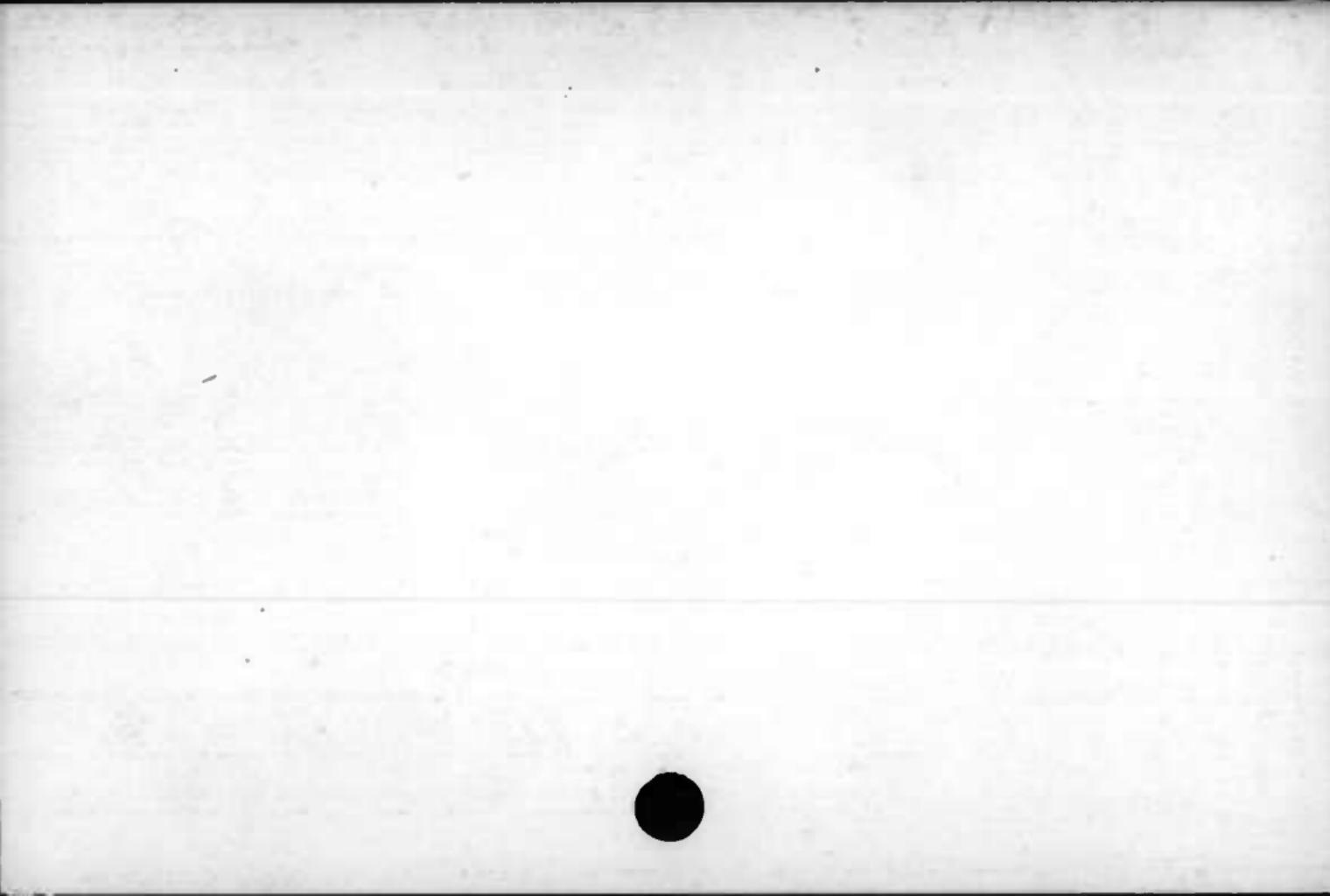
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Dr George Wells
6 Hurles

Accident or Suicide? —



Name
in
Full

Richard Robinson

CERTIFICATE OF DEATH

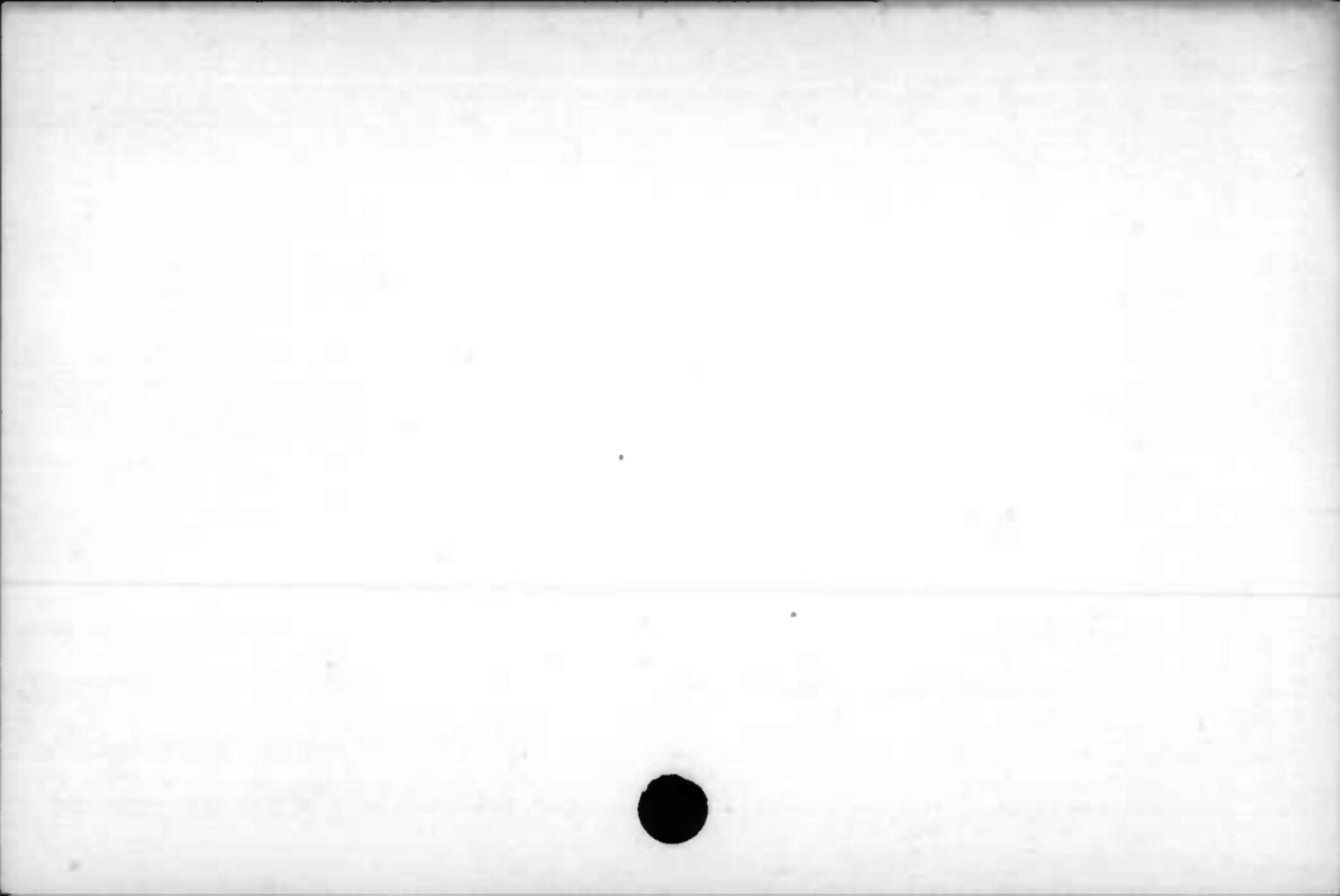
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County		MARYLAND	
Died at	Annapolis		Anne Arundel			
Date of death	Month	Day	Years	Months	Days	
1905	Sept	7	Age	2	1	
Sex	male	Color or Race	Col	Birth-place	Annapolis	
Occupation	—			Where Residing if not at place of death	East St	
Married, Single or Widowed	Single	Name of Wife or Husband	—	Father's Birthplace	Washington	
Father's Name	Arthur Robinson			Mother's Birthplace	Annapolis	
Mother's Maiden Name	Carrie A Barnett			How related to deceased	Mother	
Name of person giving information	Carrie Robinson					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Gastro Enteritis		How long
Immediate	Exhaustion		3 weeks
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	W. S. Welch M.D.
		Address	Annapolis
Accident or Suicide?			



Name
in
Full

Robt. C. Russell

CERTIFICATE OF DEATH

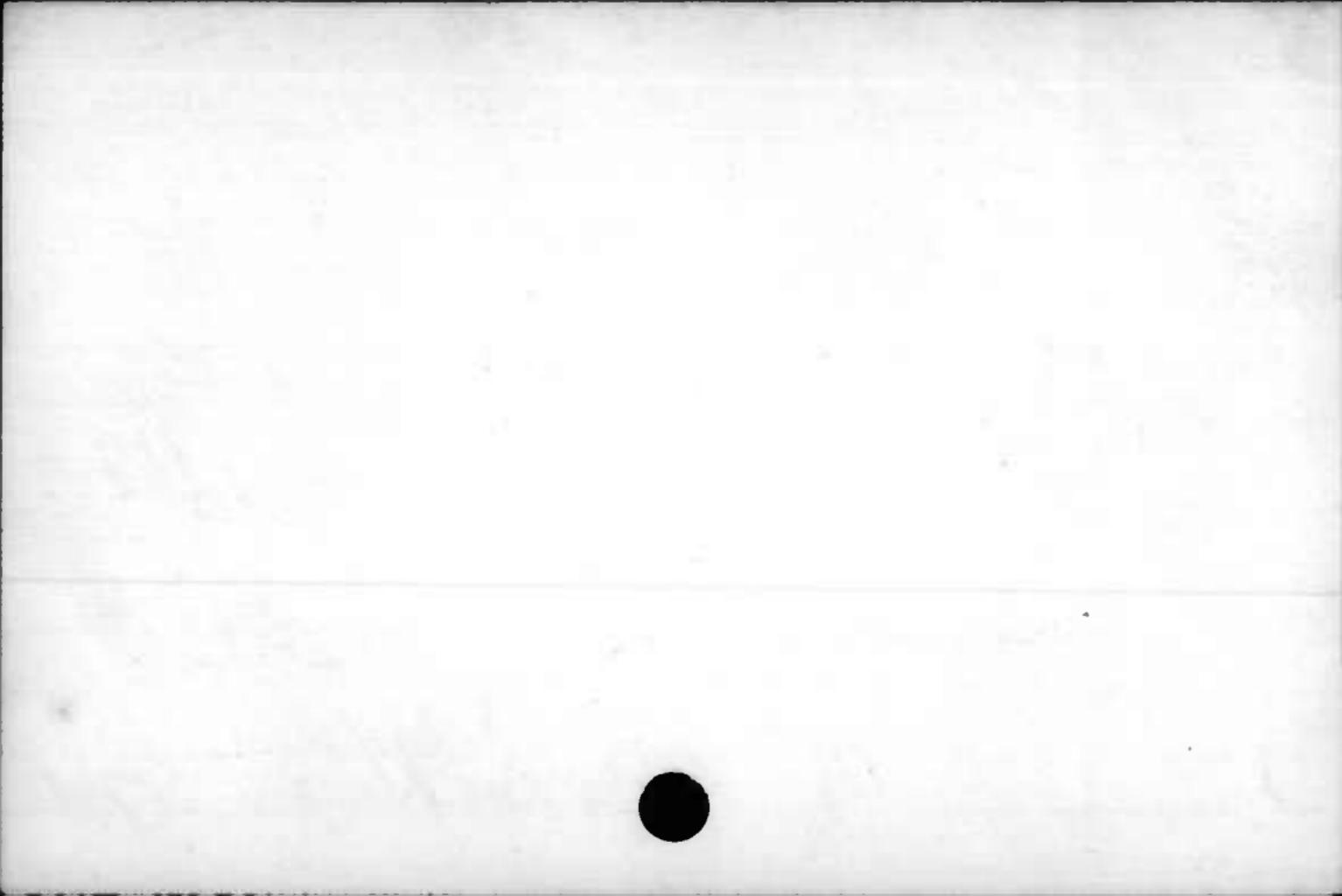
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Annapolis	A A			
Date of death	Month	Day	Years	Months	Days
1905	9	23	1	—	14
Sex	Male	Color or Race	White	Birth-place	Annapolis
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	Thy. W. Russell				
Mother's Maiden Name	Carrie A. Norfolk				
Name of person giving information	William H. Russell				
Father's Birthplace	Annapolis				
Mother's Birthplace	A Co.				
How related to deceased	Brother				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Malnutrition		How long	Ane year
Immediate	Bronchitis		How long	4 days.
Are the name, age, sex, color, date and place correctly given above?	Yrs	Signature of Physician	J. Oliver Purvis M.D.	
		Address	Annapolis, Md.	
Accident or Suicide?	No			



Name
in
Full

Nellie Seelman

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Father's Birthplace				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving information	How related to deceased				

Greenvock Anne Arundel A. A. Co. Md.

1905 Sept. 3 1

Female Black

Occupation

Single

John Seelman

John Seelman

Annie Parker

John Seelman

Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Enteric Colitis

How long

4 days

V55

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

A. H. Perrine
McKendree, Md.

Accident or Suicide?

Name
in
Full

Levy Sherbent

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <u>South River</u>		Town	County <u>Anne Arundel</u>		MARYLAND	
Date of death <u>1905</u>	Month <u>Sept.</u>	Day <u>10</u>	Years <u>Age 68</u>	Months	Days	
Sex <u>Male</u>	Color or Race <u>White</u>	Where Residing if not at place of death <u>Anne Arundel Co.</u>		Birth-place <u>Maryland</u>		
Occupation <u>Farmer</u>						
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband					
Father's Name <u>William Sherbent</u>	Father's Birthplace <u>A. Co.</u>					
Mother's Maiden Name <u>Mary Wayson</u>	Mother's Birthplace <u>Maryland</u>					
Name of person giving information	How related to deceased					

CAUSES OF DEATH

Primary

Pulmonary Phthisis

How long

2 yrs

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

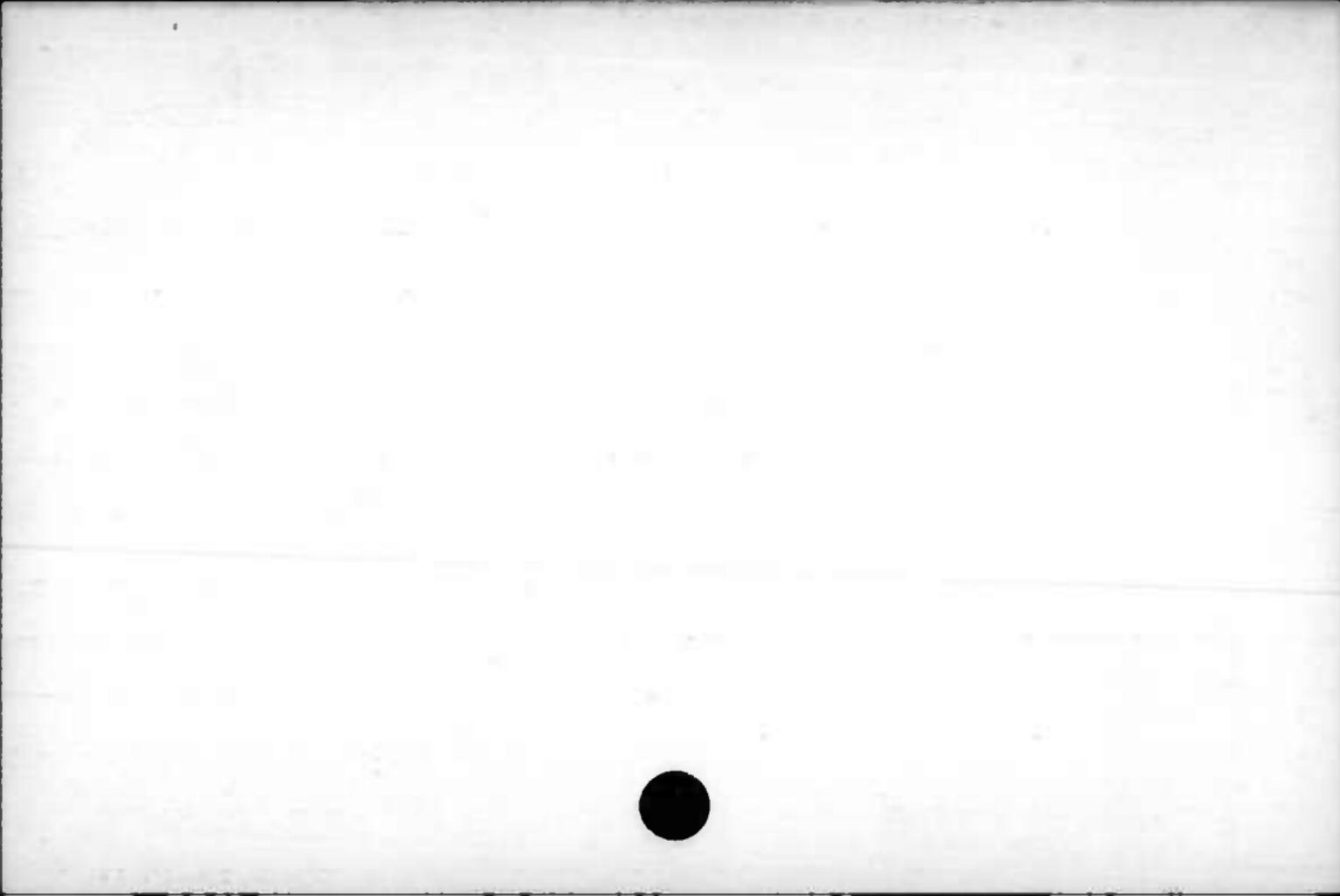
Address

John Collinson
South River

Med.

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND		
Date of death	Month	Day	Years	Months	Days		
Sex	Color or Race	Age	36 yrs				
Occupation	Where Residing if not at place of death		Annapolis				
Married, Single or Widowed	Single	Name of Wife or Husband					
Father's Name	Wm Smothers		Annapolis				
Mother's Maiden Name	Susan Calhoun		Annapolis				
Name of person giving information	Daughter		Annapolis				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Tuberculosis

How long

six months

Immediate

Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

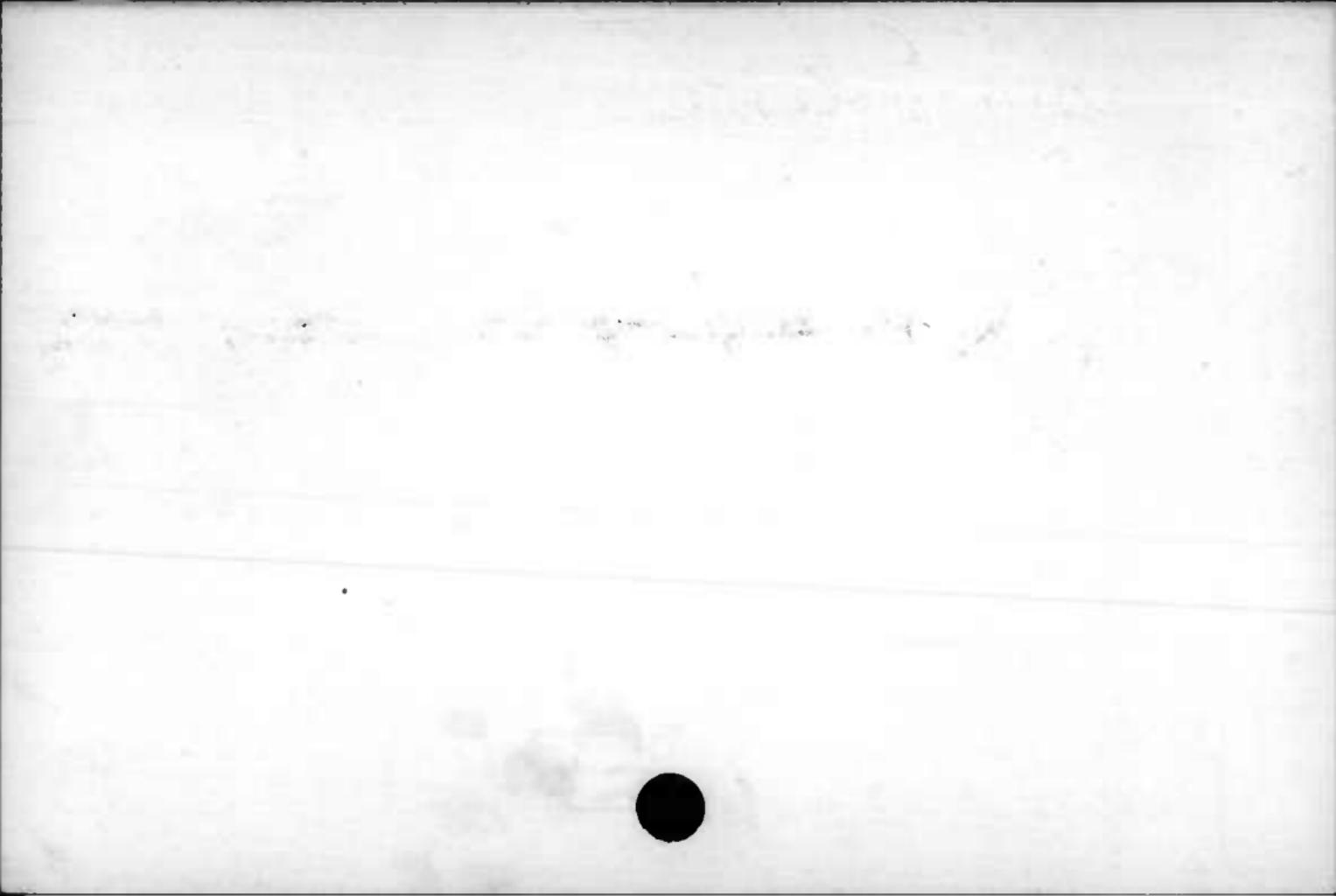
yes

Address

John Ridout M.D.

Annapolis M.D.

Accident or Suicide?



Name
in
Full

Rachael Storks

CERTIFICATE OF DEATH

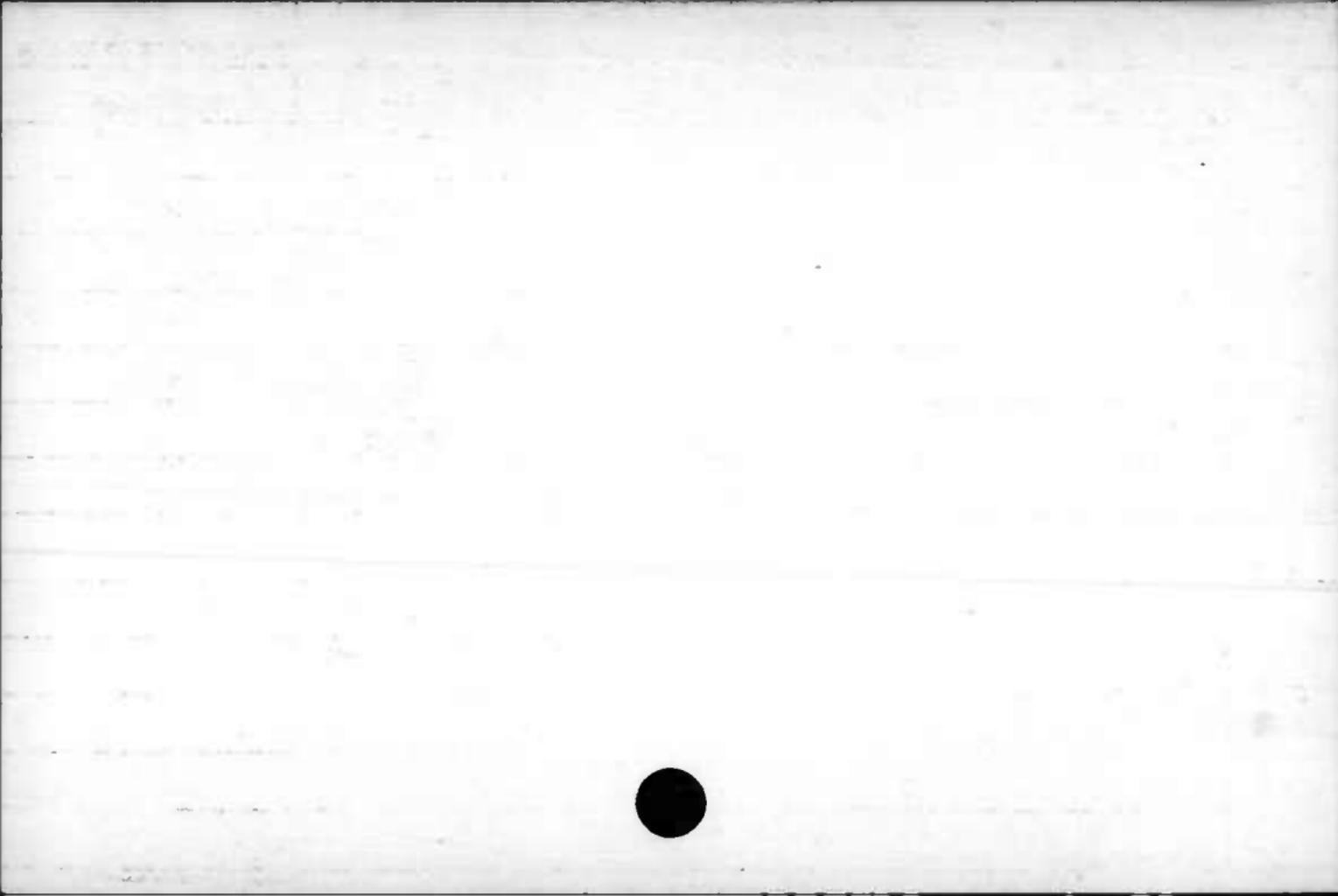
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Abern Storks			
Father's Name	Sam Booze				
Mother's Maiden Name	Susan Watkins				
Name of person giving information	Abern Storks				
Phd. Phd. Husband					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Cancer of liver		How long
Immediate	Asthma		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Address	
Accident or Suicide?		T. A. Perree McKendree, Ind	



Name
in
Full

Wilson Lee Thompson
Churchton, A.D.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Month	Day	Years	Months	Days
Date of death	1905	Sept	17	Age	52
Sex	Color or Race	Colored	Birth-place	Md	
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband		Father's Birthplace	Md	
Father's Name	Harry Thompson		Mother's Birthplace	Md	
Mother's Maiden Name	Mary Jackson		How related to deceased	Son	
Name of person giving information	Cliff Thompson				

CAUSES OF DEATH

Primary

Bright's Disease 16 mos

How long

Immediate

Pulmonary Edema 2 days

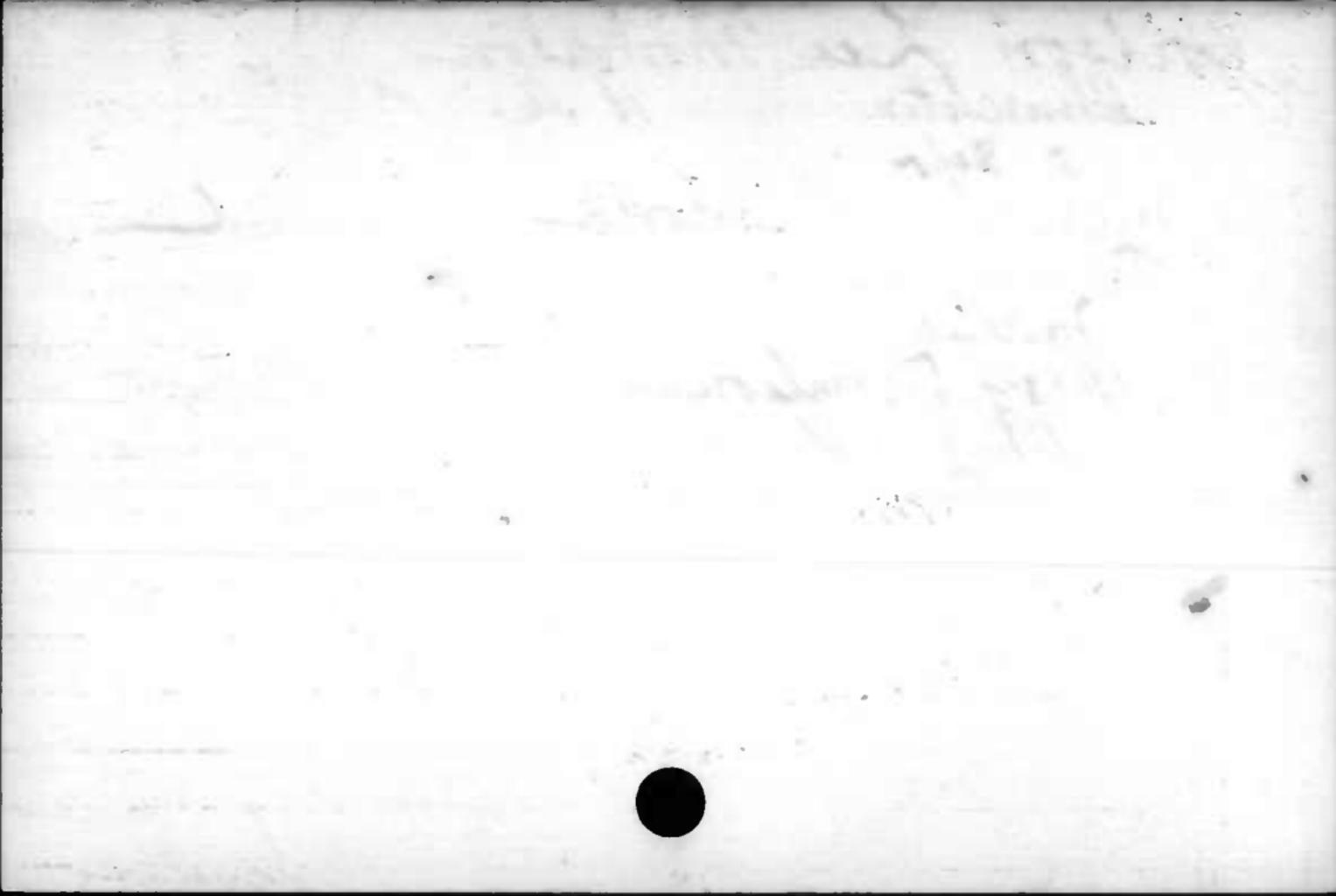
How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name
in
Full

William St. Watkins

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at annapolis md a.a. c		County		MARYLAND	
Date of death 1905	Month Sept	Day 21	Years	Months 3	Days
Sex male	Color or Race Colored	Birth-place annapolis			
Occupation		Where Residing if not at place of death But annapolis not			
Married, Single or Widowed single	Name of Wife or Husband				
Father's Name George Watkins	Father's Birthplace annapolis md				
Mother's Maiden Name Mary Hall	Mother's Birthplace annapolis				
Name of person giving information George Watkins	How related to deceased Father				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Marasmus

How long

Months

Immediate

Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

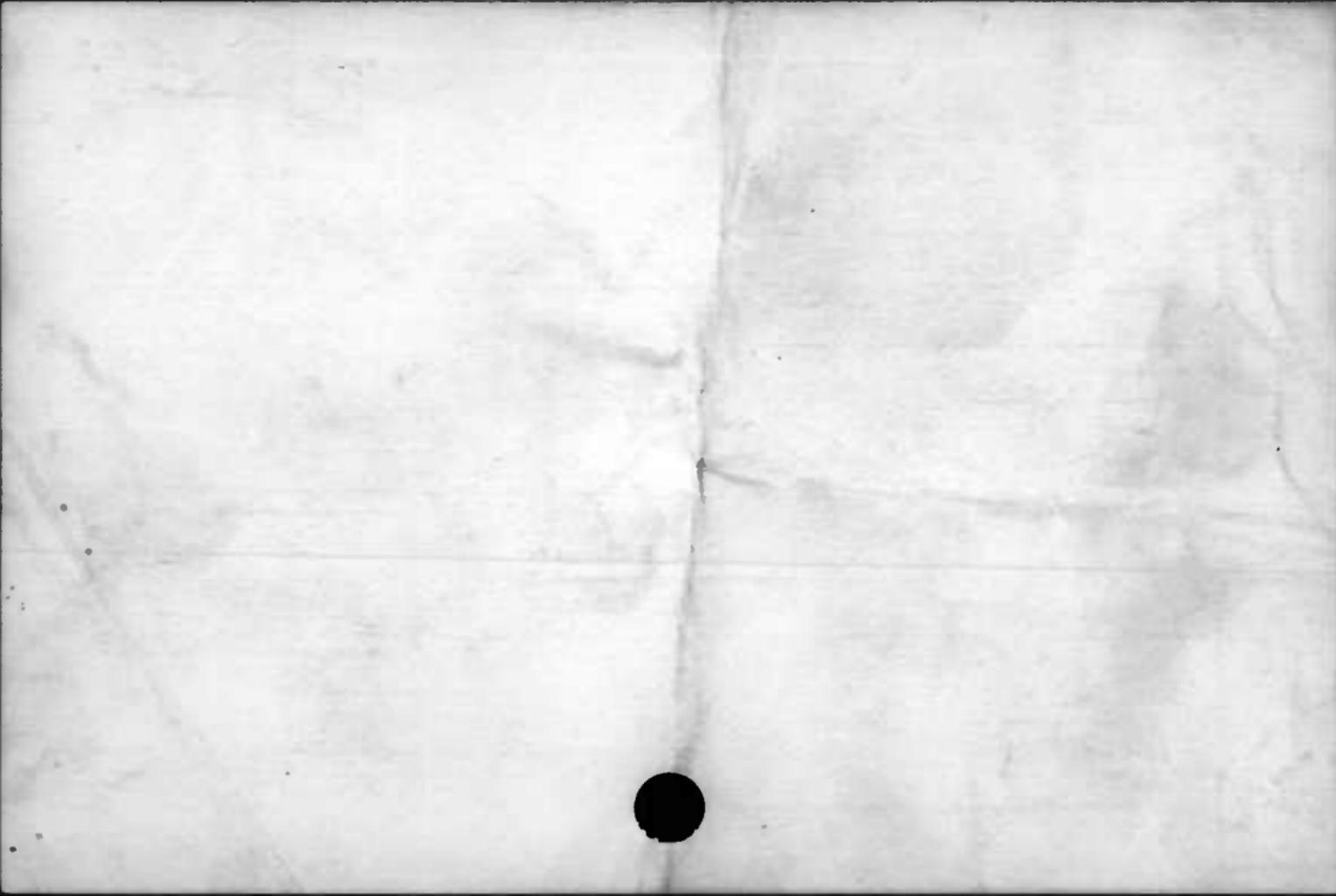
Signature of Physician

yes

Address

John Ridontida
annapolis
Md

Accident or Suicide?



Name
in
Full

Henry Walls

CERTIFICATE OF DEATH

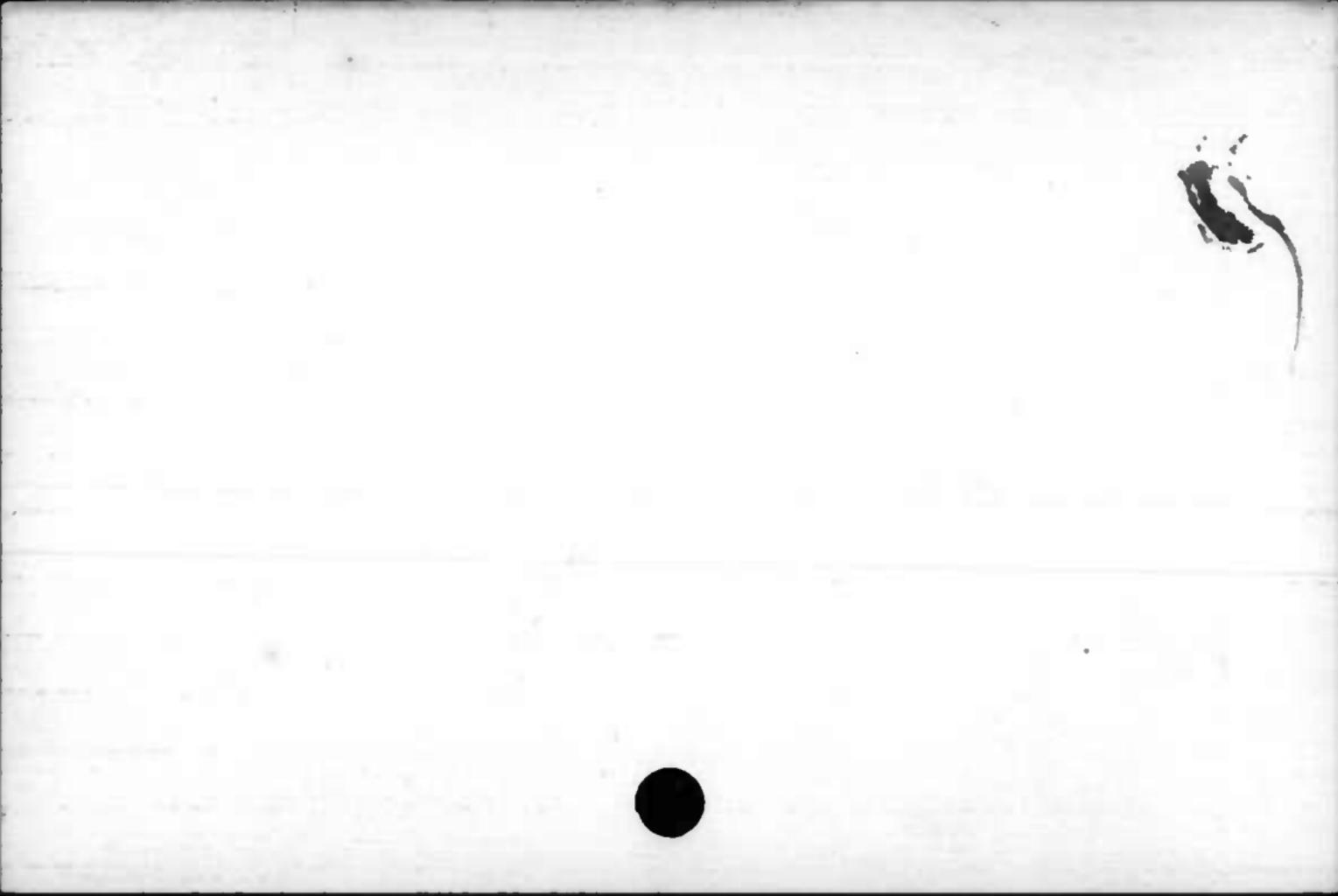
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Armenier's</u>		Town <u>Anne Arundel</u> County <u>Anne Arundel</u>		MARYLAND	
Date of death <u>1905</u>	Month <u>Sep</u>	Day <u>10</u>	Years <u>48</u>	Months	Days
Sex <u>male</u>	Color or Race <u>Black</u>			Birth-place <u>Anne Arundel Co</u>	<u>MD</u>
Occupation <u>Farmer</u>	Where Residing if not at place of death <u>Sarah Walls</u>				
Married, Single or Widowed	Name of Wife or Husband <u>Sarah Walls</u>				
Father's Name <u>Emory Walls</u>			Father's Birthplace <u>Anne Co</u>	<u>MD</u>	
Mother's Maiden Name <u>Caroline Richards</u>			Mother's Birthplace <u>Anne Co</u>	<u>MD</u>	
Name of person giving information <u>Columbus Texas</u>			How related to deceased <u>no relation</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Bright's disease</u>	<u>120</u>	How long <u>six months</u>
Immediate <u>Heart failure</u>		How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician 	Address <u>no regular Physician in attendance Columbus Texas Armenier MD</u>
Accident or Suicide? <u>—</u>		



Name
in
Full

Stephen White

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town Galloway's	County Ad a County		MARYLAND		
Date of death	Month 1905 Sept	Day 1	Age 72	Years	Months	Days	
Sex Male	Color or Race Colored			Birth- place Ad a County			
Occupation Laborer	Where Residing if not at place of death Galloway's						
Married, Single or Widowed M	Name of Wife or Husband Eliza White						
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving Information Wm Turner				How related to deceased Brother in law			

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary

Carcinoma

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Melvin C. Wood Jr.
Web Reilly
MD

Accident or Suicide?

Name
in
Full

Jonae Williams.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
1905	Sept.	5 th	63.	1	15 th	
Sex	Male.	Color or Race	White	Birth-place	Sweden.	
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Married	Name of Wife or Husband	Louisa Williams.			
Father's Name						Father's Birthplace
Mother's Maiden Name						Mother's Birthplace
Name of person giving information	Mrs. John Williams					How related to deceased

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Cancer Pyroms		140	How long	months
Immediate	Inanition - exhaustion			How long	Gradual
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	Wm G. Bredenb	
			Address	Asymptosis	
Accident or Suicide?					

